

THE BEST OF HEAD START: LEARNING FROM MODEL PROGRAMS

HEARING

BEFORE THE
SUBCOMMITTEE ON EDUCATION REFORM
OF THE
COMMITTEE ON EDUCATION
AND THE WORKFORCE
U.S. HOUSE OF REPRESENTATIVES
ONE HUNDRED NINTH CONGRESS
FIRST SESSION

April 14, 2005

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THE BEST OF HEAD START: LEARNING FROM MODEL PROGRAMS

Thursday, April 14, 2005

U.S. House of Representatives

Subcommittee on Education Reform

Committee on Education and the Workforce

Washington, DC

The Subcommittee met, pursuant to notice, at 10:32 a.m., in room 2175, Rayburn House Office Building, Hon. Michael Castle [Chairman of the Subcommittee] presiding.

Present: Representatives Castle, Osborne, Ehlers, Biggert, Woolsey, Grijalva, Scott, Hinojosa, Kind, Kucinich, and Davis of California.

Ex officio: Representative Boehner.

Staff present: Amanda Farris, Professional Staff Member; Kevin Frank, Professional Staff Member; Jessica Gross, Legislative Assistant; Lucy House, Legislative Assistant; Kate Houston, Professional Staff Member; Sally Lovejoy, Director of Education and Human Resources Policy; Alexa Marrero, Press Secretary; Deborah L. Samantar, Committee Clerk/Intern Coordinator; Rich Stombres, Assistant Director of Education and Human Resources Policy; Ruth Friedman, Minority Legislative Associate/Education; Lloyd Horwich, Minority Legislative Associate/Education; Ricardo Martinez, Minority Legislative Associate/Education; Alex Nock, Minority Legislative Associate/education, and Joe Novotny, Minority Legislative Assistant/Education.

Chairman CASTLE. The Subcommittee on Education Reform of the Committee on Education and the Workforce will come to order. We are meeting today to hear testimony on “The Best of Head Start: Learning from Model Programs.” Under Committee Rule 12(b), opening statements are limited to the Chairman and the Ranking Minority Member of the Subcommittee. Therefore, if other Members have statements, they may be included in the record.

With that, I ask unanimous consent for the hearing record to remain open 14 days to allow Members’ statements and other extraneous material referenced during the hearing to be submitted in the official hearing record. Without objection, so ordered.

STATEMENT OF HON. MICHAEL N. CASTLE, CHAIRMAN, SUB-COMMITTEE ON EDUCATION REFORM, COMMITTEE ON EDUCATION AND THE WORKFORCE

Good morning, and thank you for joining us today for a hearing on "The Best of Head Start: Learning from Model Programs." As Congress prepares to strengthen and reauthorize the Head Start program, I think it's vital that we listen to those who have been successful so that we may learn from their experience.

For the better part of 2 years, this Committee has been making the case that Head Start is a good program that can be made stronger. Since 1965, the Head Start program has provided comprehensive health, developmental, and educational services to disadvantaged four- and 5-year-olds. Head Start involves parents and communities in helping prepare needy children to succeed in school and beyond.

Yet despite the many success stories in the program, and there are many, we have also heard troubling stories about program weaknesses. The GAO recently released a report that warned that the financial control system in the Federal Head Start early childhood program is flawed and failing to prevent multi-million dollar financial abuses that cheat poor children, taxpayers, and law-abiding Head Start operators.

The GAO made some helpful recommendations on how we can strengthen the oversight structure to prevent abuses and protect good grantees. It recommended that increased competition in the program could help weed out poorly performing grantees and ensure high quality services are available to children and families. This Committee has long supported competition as a way to foster innovation and quality, and that is a recommendation we intend to take seriously.

In addition to listening to the GAO, we are reaching out to the public for insight and input on how we can make Head Start stronger and ensure its continued success into the future. We launched a website about 2 weeks ago, and already we've received more than 200 responses from parents, teachers and other stakeholders in early children education with recommendations on how the program can be made stronger. We're also seeking success stories about exemplary programs in local communities. We want to know what works and what doesn't so that we can learn from the experiences of those programs that are leading by example.

Today we're going to hear from representatives of a few of the many high quality programs participating in Head Start. We've invited these witnesses to share their stories and help us to better understand what factors can help a program to succeed.

Exemplary programs should demonstrate success in multiple facets of their program, including strong parent involvement; success in improving child outcomes across all developmental domains; a language-rich learning environment; well-qualified staff and administrators; an engaged board of directors; clean financial audits and program reviews; and full program enrollment. Actually, it sounds like something Congress should be doing.

Additionally, exemplary programs should secure community involvement and support, and when possible, integrate Head Start

with pre-kindergarten and other early learning programs within the community.

Programs that exhibit these qualities should be the rule, not the exception. Today I hope our witnesses will help us to define a gold standard for Head Start so that this Committee can enact legislation that makes it easier for all programs to meet it.

I thank the witnesses for joining us today, and I look forward to hearing your testimony.

I will now yield to the gentlelady from California, the Ranking Minority Member of this Subcommittee, Ms. Woolsey, for her opening statement.

[The prepared statement of Chairman Castle follows:]

Statement of Hon. Michael N. Castle, Chairman, Subcommittee on Education Reform, Committee on Education and the workforce

Good morning, and thank you for joining us today for a hearing on “The Best of Head Start: Learning from Model Programs.” As Congress prepares to strengthen and reauthorize the Head Start program, I think it’s vital that we listen to those who have been successful so that we may learn from their experience.

For the better part of two years, this committee has been making the case that Head Start is a good program that can be made stronger. Since 1965, the Head Start program has provided comprehensive health, developmental, and educational services to disadvantaged four and five-year olds. Head Start involves parents and communities in helping prepare needy children to succeed in school and beyond.

Yet despite the many success stories in the program—and there are many—we have also heard troubling stories about program weaknesses. The GAO recently released a report that warned the financial control system in the federal Head Start early childhood program is flawed and failing to prevent multi-million dollar financial abuses that cheat poor children, taxpayers, and law-abiding Head Start operators.

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Exemplary programs should demonstrate success in multiple facets of their program, including strong parent involvement; success in improving child outcomes across all developmental domains; a language-rich learning environment; well-qualified staff and administrators; an engaged board of directors; clean financial audits and program reviews; and, full program enrollment. Additionally, exemplary programs should secure community involvement and support, and when possible, integrate Head Start with pre-kindergarten and other early learning programs within the community.

Programs that exhibit these qualities should be the rule, not the exception. Today, I hope our witnesses will help us to define a gold standard for Head Start so that this Committee can enact legislation that makes it easier for all programs to meet it.

I thank the witnesses for joining us today, and I look forward to hearing your testimony. I will now yield to the gentle lady from California, the ranking minority member of this subcommittee, Rep. Woolsey.

**STATEMENT OF HON. LYNN C. WOOLSEY, RANKING MEMBER,
SUBCOMMITTEE ON EDUCATION REFORM, COMMITTEE ON
EDUCATION AND THE WORKFORCE**

Ms. WOOLSEY. Thank you, Mr. Chairman. And I, too, appreciate your holding this hearing, because it's a very important topic, learning from model programs.

As we continue the reauthorization process that we began last Congress, the 108th Congress, I'm pleased that we have another opportunity, and this one in particular, to hear directly from four high-quality Head Start programs. We want your thoughts. We want to know what makes your programs great and what you think about reauthorization in general.

In any reauthorization, I think one of the most important steps is to listen to the people who put the laws that we write into practice every day. We already know that the vast majority of Head Start programs provide comprehensive, high quality services that help children make academic and social gains so that they can close much if not all of the achievement gap before they begin kindergarten.

Head Start also has strong standards, and we know that, and monitoring and accountability measures built into the law to ensure high performance, although we need to make certain that those measures are enforced.

I look forward, as I said, to hearing from our witnesses about how those measures have helped them and if it's improved the quality of their programs, and if not, what we can do to improve. Because all of us, most of all the people involved in the Head Start programs around the country, who have dedicated themselves to improving our most vulnerable children's lives, all of us recognize that standards and accountability are not about Democrats, not about Republicans, they're about our children.

And, of course, another way to improve those children's lives is to devote more resources to Head Start. In that way, more children can benefit from the programs like the ones represented on this panel. Unfortunately, this President and this Congress have not done well in that area, so we need to hold ourselves accountable as well.

But again, Mr. Chairman, I look forward to what I hope will be a bipartisan reauthorization of Head Start and to hearing from the experts on this panel.

Thank you.

[The prepared statement of Ms. Woolsey follows:]

**Statement of Hon. Lynn C. Woolsey, Ranking Member, Subcommittee on
Education Reform, Committee on Education and the Workforce**

Thank you, Mr. Chairman.

I appreciate your holding this hearing today on this important topic—"Learning From Model Programs."

As we continue the reauthorization process that we began last Congress, I am pleased that we have an opportunity to hear directly from four high-quality Head Start programs about what makes a great program and on reauthorization in general.

In any reauthorization, I think one of the most important steps is to listen to the people who have to put the laws we write into practice every day.

We already know that the vast majority of Head Start programs provide comprehensive, high quality services that help children make academic and social gains

so that they can close much, if not all, of the achievement gap, before they begin kindergarten.

Head Start also has strong standards, monitoring, and accountability measures built into the law to ensure high performance, although we need to take care to see that those measures are enforced.

I look forward to hearing from our witnesses about how those measures have helped them improve the quality of their programs and what we can do to improve.

Because all of us—most of all, the people in Head Start programs around the country, who have dedicated themselves to improving our most vulnerable children's lives—recognize that standards and accountability are not about Democrats or Republicans; they're about those children.

Of course, another way to improve those children's lives is to devote more resources to Head Start so that more children can benefit from programs like the ones represented on this panel.

Unfortunately, this President and this Congress have not done well in that area, and so we need to hold ourselves more accountable as well.

But again, Mr. Chairman, I look forward to what I hope will be a bipartisan reauthorization of Head Start, and to hearing from this panel.

Thank you.

Chairman CASTLE. Thank you, Ms. Woolsey. And we do have a very distinguished panel of witnesses today, and we're going to go through the introductions at this point. And we'll do it across the order here.

But the first is Stephen W. Daeschner, Ph.D. Dr. Daeschner is the Superintendent of the Jefferson County Public School District in Louisville, Kentucky. JCPS is the 28th-largest district in the nation, serving 96,000 students from preschool through grade 12.

Since 1993, Dr. Daeschner has been responsible for the implementation of a systemic pre-kindergarten program for three- and 4-year-olds using funding from Head Start and state level school readiness initiatives. Dr. Daeschner is a board member for Greater Louisville, Inc., the Metro Chamber of Commerce, and is an adjunct professor at the University of Louisville. He holds a Ph.D. in education administration from the University of Wisconsin.

And thank you. We appreciate having you here, Dr. Daeschner.

At this time I would like to welcome the Chairman of the Full Committee, John Boehner, to the Subcommittee. A few of the witnesses joining us today are from the Chairman's district, and it's my pleasure to recognize him for the purpose of introducing these witnesses.

Mr. BOEHNER. Well, thank you, Mr. Chairman, and I'm pleased to introduce David Marker. Mr. Marker is the Chief Financial Officer of the Miami Valley Child Development Centers, a single-purpose Head Start agency in Dayton, Ohio. Working for the agency for over a decade, Mr. Marker was promoted to chief financial officer in 2002 and is responsible for assisting with the overall management of the organization.

Mr. Marker is a recognized expert in nonprofit management who is dedicated to the agency's goal to maintain professional standards of conduct in all aspects of fiscal and program management. And before working with the Miami Valley program, Mr. Marker managed the Dayton Metropolitan Housing Authority.

He's joined with one of his colleagues, Scott Siegfried, who is with the Miami Valley Child Development Centers, as well. He is the agency's program director, responsible for supervising all education, staff, and activity since 1991. He oversees child assessment activities to ensure that all children are making academic progress,

and maintains a successful track record in preparing their students for kindergarten.

Mr. Siegfried is a member of the National and Dayton Associations for the Education of Young Children, as well as the Dayton Public Schools Preschool Network. And he holds a master's degree in early childhood education from Nova Southeastern University.

I might also add that they have with them their boss, Ms. Sherrie Lookner, who is the president and CEO at Miami Valley. She's here today, and we want to thank her for coming. They together operate a top notch Head Start program, covering part of my district and Mr. Hobson's district, as well, and I think she and her staff deserve great credit for the successful program that they have. And I'll say welcome.

Chairman CASTLE. Sherrie, could you raise your hand, please, so we can know who you are. Sherrie Lookner, right there. We appreciate having you here, as well.

The next witness is Barbara Louise Mainster. Ms. Mainster is the Executive Director of the Redlands Christian Migrant Association, a Head Start agency serving the children of migrant and seasonal farm workers. Ms. Mainster has worked with RCMA for over 30 years in capacities including program director and education coordinator, and was a member of the State of Florida Universal Pre-kindergarten Advisory Council. Ms. Mainster holds a degree in social services from Michigan State University.

Welcome.

And Gayle Cunningham is with us. Ms. Cunningham is the Executive Director of the Jefferson County Committee for Economic Opportunity located in Birmingham, Alabama, and director of the agency's Head Start and Early Head Start programs.

She is a research partner with the Georgia State University Head Start Quality Research Center, where her Head Start program participated in a design effectiveness study for the 1998-1999 program year.

Ms. Cunningham was formerly an assistant professor of early childhood education at Delgado Community College in New Orleans and a senior research associate for Bank Street College, where she led the expansion of the Child Development Associate Credentialing Program to include infant and toddler caregivers, home visitors, and family daycare providers.

Ms. Cunningham received her M.S. in early childhood education, supervision, and administration from Bank Street College of Education.

And before the witnesses begin, I would like to remind the Members here that we will be asking questions after the entire panel has testified, for your information, as well. In addition, Committee Rule 2 imposes a 5-minute limit on all questions. And you all have the clock system in front of you. I think you understand it. You have 4 minutes on green, one on yellow, and when you see the red, you're supposed to start winding down, shall we say, or get wound down. But we do want to hear from you, and we really do appreciate all of you being here. We always know there's some logistical issues in getting here and being with us, so we do appreciate you being here on time and ready to go.

And with that, Dr. Daeschner, we look forward to your testimony.

STATEMENT OF STEPHEN W. DAESCHNER, PH.D., SUPERINTENDENT, JEFFERSON COUNTY SCHOOLS, LOUISVILLE, KY

Dr. DAESCHNER. Thank you, Mr. Chairman, and Honorable Members of the Subcommittee. Our Head Start, Early Head Start programs, our State Preschool Program for students on subsidized meals, and our Tuition-based Preschool currently serve more than 5,400 children ages 4 and under.

Our school district's Early Childhood Education Program is exemplary and unique in large part because we use an integrated, seamless approach to provide programs and services. The Head Start and State Preschool Programs are intentionally connected through common leadership to provide a uniform, developmentally appropriate curriculum.

Our program is outcome based, and assessment is the key. Every three- and 4-year-old student receives frequent assessments and also completes an end-of-year profile that measures mastery of the physical, social and pre-academic skills.

Teachers certainly receive intensive monthly and summer training based on these skill sets that we assess quite frequently. Teachers are supported, as an example, with a web-based Core Content Guides that match the curriculum with calendar-based timelines to ensure that every classroom is presenting the same instructional material with the same level of rigor.

Another exemplary strategy rests in our creative yet physically sound management of financial resources. Our \$35 million annual preschool budget consists of 58 percent Head Start and other Federal programs like Title I, 22 percent state preschool funds, 16 percent from our district through local taxes, 3 percent from parents that pay tuition, and 1 percent from local business donations. This integrated funding allows all children to receive increased instructional and support services without regard to where their program funding is generated.

Meaningful parent involvement is absolutely essential. Parents are engaged through a home/school contract that includes daily reading with their child and take-home activities. Since 76 percent of our preschoolers are from single-parent households, our nationally recognized Fatherhood/Male Initiative ensures that more children are connected with a significant, positive male role model.

How do we know our efforts are working, is with our results and our outcomes. Let me give you an example of the 2004 end-of-year outcomes. With 91 percent mastery for the economically disadvantaged students funded by our state program, 96 percent mastery for our middle and upper class students who pay tuition, and 97 percent mastery for children funded by Head Start. As you can see, it makes a big difference.

What can you do to support our efforts? A quality Head Start program integrated into or with a school district operation program we think is very important. Creative implementation strategies are required to effectively meet the regulations of both Head Start program and a state department of Education's preschool program.

Without a doubt, we can do a better job for our children and families by operating under one set of guidelines.

We certainly ask your considerations to grant at least a handful of large districts that are current Head Start grantees the authority to operate Head Start programs within state regulations while maintaining the integrity of the standards provided by Head Start. We would be most eager to serve as one of these pilot projects.

We support a proposal offered by Congresswoman Anne Northup to enable states to allow some of their school districts and Head Start programs to apply for the pilot programs.

Finally, I feel compelled to draw your attention to one very intrusive, as an example, regulation, that has recently sprung up from Head Start, which is the requirement that all vehicles transporting Head Start children have restraint. Our preschoolers in our district are transported on buses that meet state standards, and Kentucky has one of the toughest bus regulations in the nation. Purchasing and installing child restraints would cost our district approximately \$5.8 million. The diversion of these funds would result in a reduced number of children served by Head Start. Later I might give you an example.

We appreciate Congresswoman Northup's action to resolve this issue for us and hope this reauthorization of Head Start can adopt the language she has proposed for permanent enactment.

I would certainly encourage your review of my written comments that expand on many of these verbal statements. I certainly appreciate and thank you for allowing me to share our successes and some of the recommendations. We think Head Start is just an absolutely essential part of our program.

[The prepared statement of Dr. Daeschner follows:]

Statement of Stephen W. Daeschner, Ph.D., Superintendent, Jefferson County Schools, Louisville, KY

Chairman Castle and Honorable Members of the Subcommittee on Education Reform, as you consider the reauthorization of Head Start, I appreciate your invitation to address the issue of exemplary programs for our youngest students. My name is Stephen Daeschner, and I am superintendent of the Jefferson County Public School District in Louisville, Kentucky, the nation's 28th largest school district, serving more than 98,000 students from birth to grade 12. Our Head Start and Early Head Start programs, our State Preschool Program for students on subsidized meals, and our Tuition Preschool Program currently serve more than 5,400 children ages four and under.

Our school district's Early Childhood Education Program is exemplary and unique in large part because we use an integrated, seamless approach to providing programs and services. The Head Start and State Preschool Programs are intentionally connected under common leadership to provide a uniform, developmentally appropriate curriculum. Because Kentucky uses high stakes accountability testing, our District has much to gain by ensuring the early preparedness of all our preschoolers.

In addition to our common curriculum and services, there are other exemplary strategies that contribute to our success. These strategies include assessment and outcome standards, professional development, core content guides, interventions, combined funding sources, and parent involvement.

Our program is outcome based and assessment is key. Every three- and four-year-old student receives frequent assessments and also completes an end-of-year profile that measures mastery of physical, social, and pre-academic skills. Results from the individual profiles also are used to monitor curriculum implementation districtwide and to plan for teacher training in any curricular area that shows systemic weakness.

Teachers receive intensive monthly and summer training focused on core content areas, math and literacy curriculum, intervention strategies, and summer skills re-

inforcement to ensure that all children are academically prepared for kindergarten, regardless of family economic circumstances. Weekly site meetings are held to discuss program issues and collaborate on student needs.

Teachers are supported with web-based Core Content Guides that match the curriculum with calendar-based timelines to ensure that every classroom is presenting the same instructional material with the same level of intensity. Technology plays a major role in student learning today, and our preschoolers get a jumpstart on computer learning, especially in the area of literacy, thanks to the provision of computers in every classroom.

Another exemplary strategy rests in our creative yet fiscally sound management of financial resources. Our \$35 million annual preschool budget consists of 58 percent federal Head Start funds, 22 percent state preschool funds, 16 percent from the district in local tax funds, 3 percent from parents for tuition programs, and an additional 1 percent from local business donations. This integrated funding allows all children to receive increased instructional and support services without regard to where their program funding is generated.

Meaningful parent involvement is essential to our early childhood program. Parents are engaged through a home/school contract that includes daily reading with their child and take-home activities. Since 76 percent of our preschoolers are from single-parent households, our nationally recognized Fatherhood/Male Initiative helps ensure that more children are connected with a significant, positive male role model.

We also use a formal transition program to assist students and parents as they move on to kindergarten, and we operate a Parent Assistance Center and Family Resource Centers that help families with a variety of school programs and social services. The intent is to remove any family barriers that would impede a child's academic progress.

How do we know our efforts are working? The proof is in the data. First, over a three-year period, our preschoolers' mastery of skills deemed important for kindergarten success has increased from the level of 65 percent to 94 percent. Meanwhile, our Head Start students' performance exceeds both state and National Reporting Systems averages. Additionally, results on the nationally-normed Comprehensive Test of Basic Skills show our third graders progressing from the 46th percentile in 1999 to the 59th percentile in 2004. We attribute much of this gain to the long-term effect of our strong Head Start/preschool program.

Second, community support and partnerships continue to grow, with Louisville Metro businesses giving over \$3 million for additional early childhood classrooms. Third, by integrating our funds from multiple sources, we have increased the number of children served, the amount of instructional time each child receives, and the social services provided. Finally, one of our most significant and unexpected outcomes is that we are now in the process of designing a more rigorous kindergarten curriculum because our preschool/Head Start programs are sending children on to kindergarten with a much higher level of skill mastery.

What can you do to support our efforts? A quality Head Start program integrated into or with a school district-operated program is essential. This developmental education process and seamless transition are as important to schools today as the kindergarten program debate and implementation were in the 1960s and '70s.

Creative implementation strategies are required to effectively meet the regulations of the Health and Human Services Department's Head Start program, while simultaneously operating a state Department of Education preschool program. Without doubt, we can do a better job for our children and families by operating under one set of guidelines.

We understand that you are considering allowing a limited number of states or localities to participate in State Demonstration programs. We ask your consideration to grant a handful of large districts, that are current Head Start grantees, the authority to serve as local demonstration projects that would operate Head Start programs within state regulations while maintaining the integrity of the health and social services standards provided by Head Start. We would be most eager to serve as one of those demonstration projects.

Many states face political pressure from other agencies operating Head Start programs. Some states may not be able to apply for school districts that are operating as grantees. As an alternative, we support a proposal offered by Congresswoman Anne Northup to enable states to allow some of their school districts and Head Start programs to apply for the demonstration programs. Kentucky's program could be administered under the Secretary of Education and the Office of the Governor.

Finally, I feel compelled to call to your attention one very intrusive regulation that has recently sprung from Head Start, which is the requirement for seat belts on all vehicles transporting Head Start children. Our preschoolers are transported

on buses that meet state standards. Purchasing and installing seat belts would cost over \$3.6 million and require another \$2.2 million annually for maintenance. Even then, our insurance companies inform us the buses may not be insurable due to changes in the vehicles' structure. The diversion of these funds would result in a reduced number of children served by Head Start. Additionally, there is no evidence that seatbelts provide additional protection but, in fact, may actually create a safety hazard. We appreciate Congresswoman Northup's action to resolve this issue for us and hope this reauthorization of Head Start can adopt the language she has proposed for permanent enactment.

Thank you for allowing me to share our successes and recommendations with this Honorable body.

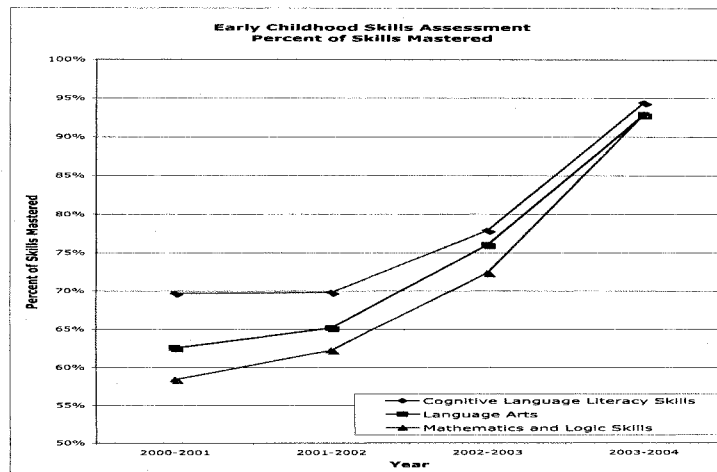
[Attachments to Dr. Daeschner's statement follow:]

2005 JEFFERSON COUNTY KENTUCKY PRESCHOOL PROGRAMS

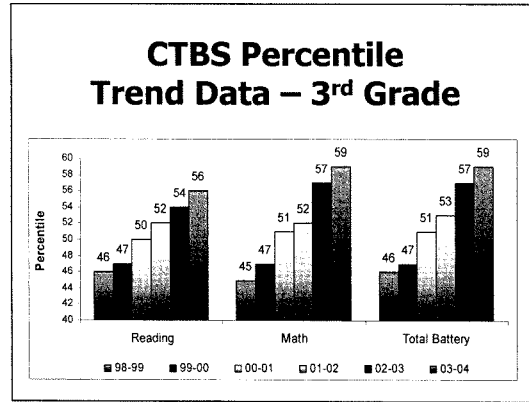
<u>PROGRAM TITLE</u>	<u>SOURCE OF FUNDS</u>	<u>ALLOCATION</u>		<u>TOTAL BY SOURCE</u>	<u>PERCENT OF TOTAL</u>
PRESCHOOL EXPANSION	DISTRICT	2,563,679			
KENNEDY MONTESSORI PRESCHOOL	DISTRICT	143,600			
COLERIDGE-TAYLOR MONTESSORI PRESCHOOL	DISTRICT	218,400			
PRESCHOOL & JUMP START	DISTRICT	2,717,291	District	5,642,970	16.24%
TITLE I	FEDERAL	2,800,000			
TITLE II	FEDERAL	701,434			
TITLE I & II NCLB TRANSFER FUNDS	FEDERAL	557,724			
IDEA-B BASIC	FEDERAL	2,467,108			
IDEA-B PRESCHOOL	FEDERAL	981,214			
MEDICAID FUNDS	FEDERAL	367,334			
HEAD START	FEDERAL	12,105,266	Federal	19,980,080	57.51%
KERA PRESCHOOL	STATE	7,540,186	State	7,540,186	21.70%
LITERACY INITIATIVE/GHEENS	COMMUNITY	250,000			
LITERACY INITIATIVE/GLI	COMMUNITY	100,000	Community	350,000	1.01%
TUITION PRESCHOOL PROGRAM	TUITION	820,643			
KENNEDY MONTESSORI PRESCHOOL	TUITION	230,141			
COLERIDGE-TAYLOR MONTESSORI PRESCHOOL	TUITION	177,300	Tuition	1,228,084	3.53%
TOTAL		34,741,320		34,741,320	100.00%

4/11/2005

Jefferson County Public Schools



Accountability, Research, Planning
 RJR: dlc
 Summer, 2004



JEFFERSON COUNTY PUBLIC SCHOOLS
Louisville, Kentucky

Head Start/Early Head Start Initiatives
2004 - 2005

- | | |
|--|---|
| <ul style="list-style-type: none"> ⊕ Core Content Guide for Literacy <ul style="list-style-type: none"> ⊗ Completed ⊕ Formalized Homework ⊕ Collaboration of Early Childhood and P1 teachers to discuss Academic Expectations ⊕ Early Childhood Staff Newsletter ⊕ "Everyday Mathematics" in all 4-year-old classrooms ⊕ National Family Literacy Day Activity - <i>The Three Little Pigs</i> - Friday, November 5, 2004 ⊕ Conference Presentations <ul style="list-style-type: none"> ⊗ Kentucky Head Start Association ⊗ Regional Fatherhood Training Conference | <ul style="list-style-type: none"> ⊕ Fatherhood/Male Initiative Read-A-Thon ⊕ Early Childhood Core Content Guides Professional Development Training ⊕ Fatherhood/Male Initiative Read-A-Thon ⊕ Early Childhood Core Content Guides Professional Development Training ⊕ Scan Sheet for Early Childhood Student Profile to Analyze Child Outcomes Data ⊕ JCPS-Louisville Metro's collaboration application for the Early Reading First Grant advanced to Stage 2 review ⊕ 5th Grade Mentoring Program at 4 selected sites ⊕ Getting Ready for Kindergarten Tutorial Camp |
|--|---|

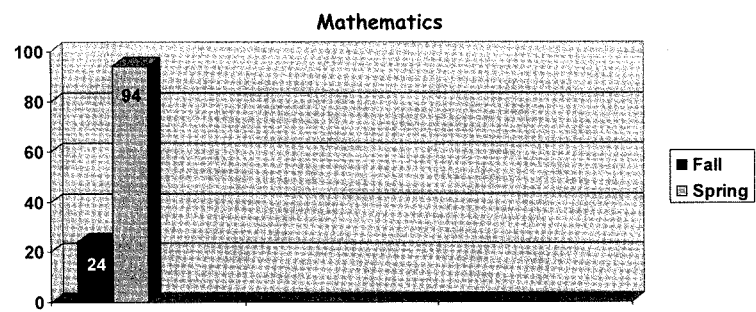
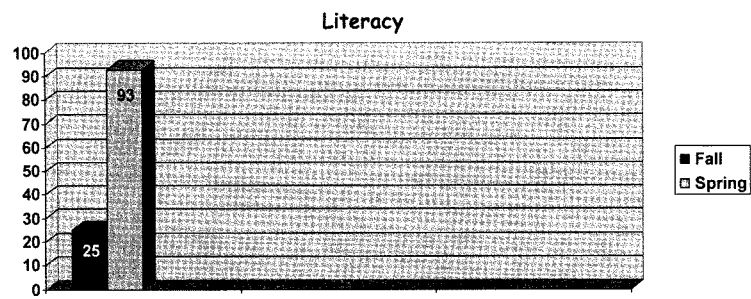
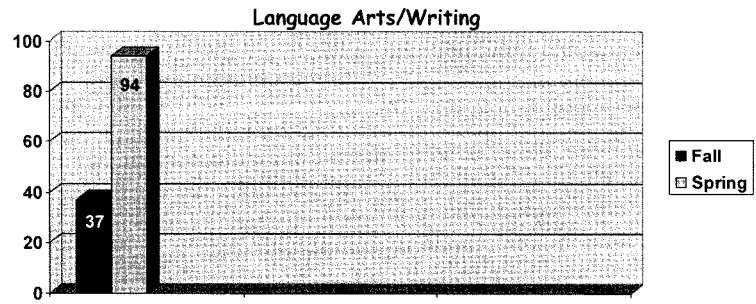
Student Profile Data

The percentage gain (fall to spring) in the student mastery of readiness skills as demonstrated on the Early Childhood Student Profile. Data is reported in the areas of Language Arts, Literacy, and Mathematics

Percentage Gain

- ⊕ Language Arts/Writing - 57%
- ⊕ Literacy - 68%
- ⊕ Mathematics - 70%

Early Student Profile Summary



Parent Involvement

The percentage of parents fulfilling their Early Childhood "Read to Me" Book Club Parental Agreement by reading to their children weekly. Data reported by parents reading to their students less than 30 minutes per week, 30-60 minutes per week, and/or more than 30 minutes per week.

Time	Number of Parents	Percentage
Less than 30 Minutes	670	20%
30-60 Minutes	1,565	48%
More than 60 Minutes	1,037	32%

☛Average daily attendance of 93.0% for the Early Childhood Program.

☛All staff stress the importance of regular attendance during home visits, parent/teacher conferences, and monthly parent meetings.

☛Parents are contacted by Family Services staff and teachers after a student is absent for three (3) consecutive days.

☛Referral to appropriate service agencies to address family needs when necessary.

☛Fathers and other males receive information on the importance of regular attendance during Fatherhood/Male Initiative activities.

☛The importance of regular attendance is stressed in the Transition newsletter.

Chairman CASTLE. Thank you, Dr. Daeschner. We appreciate your testimony a great deal, and we'll get back to you shortly here with a few questions.

And now we'll turn to Mr. Marker and Mr. Siegfried, who are going to do this jointly, as I understand it.

Mr. MARKER. Yes, sir.

STATEMENT OF DAVID F. MARKER, CHIEF FINANCIAL OFFICER, MIAMI VALLEY CHILD DEVELOPMENT CENTERS, INC., DAYTON, OH

Mr. MARKER. Mr. Chairman and Members of the Committee, I'm David Marker and this is Scott Siegfried to my left. We are both pleased to be here this morning to discuss accountability and child outcomes in the Head Start program.

This Committee has heard of luxury SUVs, exorbitant salaries, credit card abuse and unallowable program expenses that have resulted in eligible children not being served. These headlines anger me and the people I work with.

Since 1964, MVCDC has operated with oversight from concerned community leaders on our board of trustees. Our corporate culture is based on a core value of honesty, integrity and understanding that we are stewards of tax dollars entrusted to our care. Desired results require continual training, review of current law, and review of internal controls. In the absence of strong internal controls, you will find fraud, waste and mismanagement.

High levels of integrity require hard work. We did not wait for the effects of the Sarbanes-Oxley Act to filter down to 501(c)(3) organizations. We embraced the concept of executive-driven, internal control management, and it's now in effect.

There's no magic formula to maintain strong financial and accounting practices. Success requires effort and a conscious desire to operate a quality program in accordance with regulations.

Suggestions to protect funds and increase accountability, as an example, OMB Circular A-133 requires audits to be submitted no later than 9 months after the end of a fiscal year. I suggest a change from 9 months to 6 months. Critical information can then be in the hands of DHHS 3 months sooner.

Most grantees draw down Federal funds from the Division of Payment Management's website. DPM is efficient, but grantee expenditures are not reconciled with funds received except at six and 12-month intervals with the standard Form 269 report. At a minimum, the report should be submitted on a quarterly or even a monthly basis to allow for simple reconciliation.

Mismanagement of Federal funds requires swift intervention. DHHS can terminate a grantee's ability to draw down funds and to change that grantee to funding on a reimbursement basis. This action protects Federal funds by allowing the regional office to authorize payment only after documentation has been reviewed.

GAO has recommended allowing recompetition of grants. Grantees with consistent poor financial and programmatic performance would be the ideal candidates for recompetition. DHHS should remove dysfunctional programs.

I want to thank the Chairman and Members of the Committee on Education and the Workforce for providing me this opportunity to summarize my written testimonial report.

[The prepared statement of Mr. Marker follows:]

Statement of David F. Marker, Chief Financial Officer, Miami Valley Child Development Centers, Inc., Dayton, OH

Mr. Chairman, Members of the Committee, I am David Marker and this is Scott Siegfried and we are both pleased to be here this morning to discuss accountability and child outcomes in the nation's Head Start program.

Operation of exemplary programs

From previous testimony, the committee has been apprised of apparent misfeasance or malfeasance in some Head Start programs across the country. These problems range from a luxury SUV and exorbitant salaries and credit card abuse, to unallowable program expenses that result in eligible children not being served. These headlines anger me, the staff I work with, and the people at the majority of Head Start programs where problems of this nature do not occur.

Miami Valley Child Development Centers, Inc. (MVCDC) was incorporated in 1964, at the time of the creation of the nation's first experiment with Head Start. Operating over the years with strong management, and oversight from concerned community leaders participating on the Board of Trustees, MVCDC developed a corporate culture with core values of honesty, integrity, service to the community, and an understanding that we are stewards of tax dollars entrusted to our care. During our 40 year history, there have been problems and bumps in the road, but the culture of MVCDC has survived and enabled the agency to operate for more than 15 years without any audit findings related to financial management. Although MVCDC may be considered an exemplary program within the Head Start community, a designation as exemplary today is no guarantee that the program will be exemplary tomorrow without continued hard work.

The culture of MVCDC dictates a professional approach to financial management and accounting practices. To achieve the desired result requires continual training, review of current laws and regulations, and a constant review of internal controls.

In the absence of strong internal controls, you will find misuse of credit cards, unallowable expenses, waste, and possible fraud. It is important not only to maintain strong internal controls but to sharpen the focus of all staff members to be alert for the signs of waste, fraud, and mismanagement.

MVCDC has been successful in maintaining high levels of integrity through dedication and hard work. As an example, we did not wait for the effects of the Sarbanes-Oxley Act to filter down to 501(c)(3) organizations. As a corporation, we embraced the basic concept of executive-driven internal control management. The Board of Trustees adopted an extensive misconduct, dishonesty, and fraud policy which was added to our Personnel Policies, and various staff have been involved in implementing the policy. Additionally, staff are involved in a detailed risk assessment activity that is assessing all aspects of the corporation. Once completed, the risk assessment will be presented to the Board of Trustees for their evaluation and comment.

There is no magic formula to maintain strong finance and accounting practices. Success requires dedication, hard work, and a conscious desire to operate a quality program in accordance with the regulations. The people who operate programs in this manner are easy to identify; they take no offense at being called a variety of names, and they have thick skin because the job requires them to say "no" more often than they say "yes". The easy way to deal with difficult financial and accounting issues is to be lax and accommodating. Unfortunately, this type of management will eventually result in violation of regulations and ultimately, serious financial problems.

Again, I want to express my anger at the examples of program abuse that we have all read in the newspapers. The vast majority of programs struggle everyday to operate in accordance with the regulations to serve all of the children for which they are funded. To protect tax dollars and ensure services are delivered to the at-risk population, however, accountability for program performance and fiscal management must be strengthened. From my perspective as a program operator, I believe that accountability can be vastly improved in the following ways.

Proper review and follow-up of audits

O. M. B. Circular No. A-133, known as the Single Audit Act, contains the audit requirements for recipients of federal awards. For those agencies with awards less than \$500,000, audits are still required under the Department of Health and Human Services (DHHS) CFR Title 45, Part 74. The potential problem I see under A-133 is that audits must be submitted no later than nine (9) months after the end of the fiscal year. I believe that by changing the submission date from nine (9) months to six (6) months, controls would be strengthened by putting the completed audit in the hands of DHHS three (3) months sooner, and would not present an undue hardship for programs.

Once the audit has been received by the DHHS national center, it is imperative that the entire audit be reviewed for financial or programmatic irregularities. If irregularities are found in the audit, this information must be provided to the appropriate Regional Office for immediate follow-up. Obviously, findings of questioned costs or other serious fiscal problems, along with issues regarding the health and safety of children must receive the highest priority for action by the Regional Office staff. Swift follow-up action as early as possible is a key to limiting the loss of dollars and guiding the agency into compliance from a programmatic standpoint.

Although auditors only offer opinions on the financial statements and information provided by management, I believe that it is important that all audits be reviewed for their compliance with the audit requirements of Circular A-133 and Government Accounting Standards, issued by the Comptroller General of the United States. Lack of comments regarding performance of the activities required by the grant, qualified opinions, or a statement that the audit was completed under some standard other than Generally Accepted Accounting Principles, should be cause to examine the audit more closely.

Identifying potential financial and programmatic mismanagement

In addition to the annual financial and performance audit, financial mismanagement may be identified in other ways. One method is to reconcile the federal funds drawn-down by a grantee to the amount that is spent throughout the year. Currently, most Head Start grantees draw-down their federal funds from the Division of Payment Management's (DPM) website. All grant information is entered into DPM's database, and grantees use the site to request funds. The regulations for cash advances state, "The timing and amount of cash advances shall be as close as is administratively feasible to the actual disbursements by the recipient organization".

The DPM system is very efficient for grantees to obtain funds, but it does not appear that DHHS or the Regional Offices attempt to reconcile grantee expenditures except at six and 12 month intervals by utilizing the SF-269 report. At a minimum, the SF-269 should be submitted on a quarterly or possibly a monthly basis. This report could be developed as an on-line report which would make it simple for the Regional Office to compare expenditures with the data from DPM. Reconciliation would be straightforward to determine the amount of funds being requested by a grantee and the amount that has been expended as reported on the SF-269. As an example, if, at the end of the first quarter of the grantees fiscal year they have already drawn-down 50 percent of their annual funding, it would seem reasonable to think there may be a serious problem with that grantee. Making this change would provide DHHS with the ability to identify potential problems early as a means of preventing the financial mismanagement from worsening.

Fiscal and programmatic mismanagement may also be identified during the on-site monitoring visit with the Program Review Instrument for Systems Monitoring (PRISM) every three years. The PRISM was described in previous testimony so there is no need to provide you with the same information again. I will say that since the Fiscal Checklist was modified in 2004, the instrument has a design which will help to identify fiscal problems more effectively than the previous version. A potential problem with the PRISM is the sheer volume of data that is reviewed and processed. The review team rates the grantee on about 670 performance indicators during the one week visit. If the review is focused on critical indicators, both financial and programmatic, serious problems would be more readily discernable rather than lost in the minutia that is collected.

An area of programmatic performance that may now be assessed is the data that is submitted via the National Reporting System (NRS). These assessment data are submitted in the fall and spring of each year for the four year old children who will be attending kindergarten in the fall of the following school year. Although the NRS was not designed to determine the performance of the Head Start program, the data that is generated may raise questions regarding curriculum or teaching methods. As an example, if the data indicates that children from one Head Start program are consistently more than one deviation below the national average, it would seem reasonable to contact the program to find out if there are reasons for the lower scores. Based on the response from the agency, along with other outcome data, it may be determined that additional training and technical assistance are required, or it may be determined that there is a more systemic problem that may require an on-site visit by a Regional Office staff member.

Required follow-up for financial and programmatic mismanagement

I believe that it is reasonable to expect that Head Start grantees that mismanage funds or fail to perform all the requirements of the grant will be sanctioned in some manner. I am not describing actual accounting errors where something was posted to the wrong account, and is later identified and corrected, I am describing serious cases where money or assets have been wasted or used for personal gain. In almost all cases involving money, the mismanagement can be clearly identified from the records; an expenditure is allowable or it is not; money is either properly accounted for, or it is not. In either event, the appropriate action should be taken as quickly as possible. Failure to perform all the requirements of the grant can also be identified and must also be acted on as quickly as possible.

If the mismanagement of federal funds results from apparent malfeasance, then serious intervention is required. Although action to de-fund a grantee may be difficult and time consuming, it may be possible to change the grantee's payment status to protect federal funds. I believe that it is possible, with good reason, to terminate the grantee's rights to draw-down funds through DPM and to fund them on a reimbursement basis. That is, on a weekly or monthly basis, the grantee pays all expenses and submits the appropriate documentation to the Regional Office for reimbursement. Under this scenario, if the grantee can fund the operation up-front, the Regional Office will have ample time to review invoices and billing prior to providing reimbursement. The Regional Office will also have time to investigate the initial incident of malfeasance that came to their attention. If it is determined that the grantee did nothing wrong, and that internal controls are sound, then DHHS may reinstate the grantee's ability to draw-down funds in advance.

Many of the programmatic problems that are identified have to do with non-health and safety issues. As described previously, with over 670 performance indicators in the PRISM instrument, it is not difficult to find areas of non-compliance. All of these issues can be dealt with effectively under the current system by having the grantee prepare a corrective action plan. The Regional Office can follow-up in writing with the grantee until the grantee ensures that the non-compliance have been

corrected. Depending on the number of non-compliances and the seriousness of the issues, the Regional Office may send a staff person on site to verify that the non-compliances were corrected.

Increased competition for Head Start Grants

The independent Government Accountability Office (GAO) has recommended that the federal government take steps to allow the "recompetition" of grants awarded to Head Start grantees. It has been suggested that all Head Start grants should go out for open competition every third year of the grant cycle. In light of the many problems identified in Head Start programs during the past year, I understand the desire to fix the problem through competition.

I believe there is a relative agreement that the majority of Head Start programs are operating within the regulations and are clearly documenting the progress children make during their stay in Head Start. Rather than re-compete every Head Start grant at the end of their three year grant cycle, at great expense, I believe that re-competition can be combined with de-funding activities to remove all of the poorly performing grantees. Grantees with serious financial mismanagement issues or serious health and safety violations should either undergo the de-funding process or be placed on a reimbursement basis of funding as previously described. The key is to act swiftly to ensure safety and to limit the loss of federal funds.

Head Start grantees that consistently have generally poor programmatic performance due to on-going deficiencies would be likely candidates for re-competition. DHHS would be responsible to determine a ranking process that is based on audit findings, PRISM findings, and any other financial and programmatic data the Regional Office may determine. Re-competition would provide DHHS with an additional tool that would remove those programs not operating in an efficient and effective manner.

I want to thank the Committee on Education and the Workforce for providing me this opportunity to testify before you. As you consider legislation to re-authorize the Head Start program, I hope you will consider some of the information I have provided in conjunction with testimony provided by others. I believe in the goals of Head Start. I also believe that when operated in conformance with the laws and regulations, coupled with the infusion of new early education research, Head Start will make progress in closing the readiness gap that exists between some Head Start children and their peers, and all funding will reach the children it is meant to serve.

Chairman CASTLE. Good morning. Thank you very much, Mr. Siegfried.

**STATEMENT OF SCOTT SIEGFRIED, PROGRAM COORDINATOR,
MIAMI VALLEY CHILD DEVELOPMENT CENTERS, INC., DAY-
TON, OH**

Mr. SIEGFRIED. The Miami Valley Child Development Centers does not look through one lens to make one decision. Our system of assessing child outcomes and program quality is comprehensive in its approach. Just as a strong financial system requires checks and balances, program quality and child outcomes must also have such a system. Although we have a long history of collecting and analyzing child outcome data, our approach has become increasingly sophisticated in recent years.

Our objective is to create a system where child outcome data can be incorporated into our agency's continuous improvement plans. Our model remains flexible to allow for adjustments as a result of the relevant research in the field as well as the patterns and trends we observe when analyzing our data. For example, Break-through to Literacy, a research project piloted with Abt Associates, resulted from our endeavor to strengthen the language and literacy skills of our children. This plan incorporates teacher and child directed activities that provide a balance of experiences in vocabulary, alphabet knowledge, word recognition and phonological awareness.

Some of our systems, such as National Reporting System, and the mandated system through the state called Get it, Got it, Go, require the use of a standardized instrument implemented in a uniform manner.

Other tools designed to measure child outcome such as High/Scope's Child Observation Record, and individual portfolios, rely on teacher observation, anecdotal notes, work sampling and photography. These ongoing methods of assessment produce observation-based data in a familiar setting to children.

The Early Childhood Environmental Rating Scale and the Infant and Toddler Environmental Rating Scale provide holistic and quantifiable data and seven subscales related to space and furnishings, personal care routines, language reasoning activities, interaction, program structure and parents and staff. Action plans are developed and implemented after each data collection period. These plans address professional development, resources and any curricular adjustments to ensure maximal child outcomes.

Parents and staff are partners in the care and education of children. Our system therefore supports, educates and guides parents to provide meaningful experiences for the children at home. To strengthen the role of families as the primary educator of their children, we have developed a monthly checklist using materials traditionally found in the homes that support the content of the child observation record.

In addition, backpacks are sent home on a regular basis with materials, parental strategies and extensions that can support the development of critical concepts when that child is away from school.

By relying on multiple systems of child assessment, we are better able to make informed decisions regarding curricular adjustments at the agency, classroom and individual level. The complex nature of measuring the outcomes of children in Head Start and their progress demands our relentless commitment.

Thank you.

[The prepared statement of Mr. Siegfried follows:]

Statement of Scott Siegfried, Program Coordinator, Miami Valley Child Development Centers, Inc., Dayton, OH

I am pleased to be here this morning to discuss child outcomes in the nation's Head Start program.

Changes in educational requirements and legislative mandates have resulted in our development of an increasingly comprehensive child outcome measuring system. Our agency's continuous improvement plans are adjusted according to our child outcome data. It is important that our system remain flexible to allow for adjustments as a result of the relevant research in the field as well as the patterns and trends we observe when analyzing our data.

By utilizing the Brigance tool to complete our developmental screening process, we begin to understand the teaching strategies required to encourage children's learning. Results from this screen offer support for early intervention services where applicable.

In November 2004, author and scientist Dr. Debbie Cryer provided training for our support staff on the implementation of the Early Childhood Environment Rating Scale (ECERS) and the Infant/Toddler Environment Rating Scale (ITERS). This nationally recognized evaluation system quantifies several items under the broad categories of Space and Furnishings, Personal Care Routine, Language-Reasoning, Activities, Interaction, Program Structure and Parents and Staff. As a result of classroom observations, action plans are developed to share findings with staff and to support their professional growth.

To strengthen the role of families as the primary educator of their children, we have developed a monthly checklist using materials traditionally found in the homes

that support the content of the Child Observation Record (COR). In addition, backpacks are sent home on a regular basis with materials, parental strategies and extensions that can support the development of critical concepts when that child is away from school.

We began a researched-based pilot project this school year when we initiated the Breakthrough to Literacy model in five of our Head Start classrooms. This plan incorporates teacher and child directed activities that provide a balance of experiences in vocabulary, alphabet knowledge, word recognition, and phonological awareness. Components include small group reading and writing experiences, independent reading and writing, daily writing, book of the week, take me home books, and a software curriculum. A research team from Abt Associates is conducting the ongoing evaluation of the pilot project.

Although we realize that there are additional national accrediting bodies, we have 17 centers that are accredited through the National Association for the Education of Young Children (NAEYC). There are an additional five centers that are in the self-study process. In this design, we are able to document the relationship between the quality that accreditation demands and positive child outcomes.

In our state funded classrooms, we conduct additional assessments of children using the Get it, Got it, Go screening tool. This system, mandated through the Ohio Department of Education (ODE), measures vocabulary, rhyming, and alliteration through a series of picture cards presented to each child in a one-on-one setting.

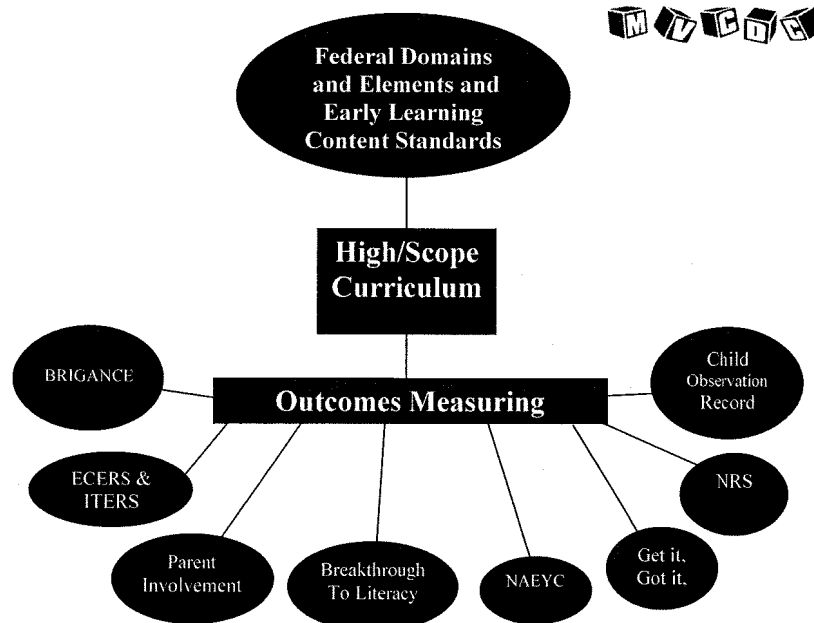
In the fall of 2004, we completed almost 1,300 assessments using the National Reporting System (NRS). The results of this national effort allow us to review our agency's progress compared to national averages in the domains of language, literacy, and math.

This school year, the Miami Valley Child Development Centers, Inc. has implemented High/Scope's Child Observation Record (COR) in all of our state and federal classrooms including our Home Base option. The COR categories have been aligned to the Federal Domains and Elements as well as the Early Learning Content Standards developed by the Ohio Department of Education (ODE). Teachers make ongoing observations using a paper version of the COR. This information is then transposed into the COR-PC software. COR data are collected on October 29, 2004, February 25, 2005 and May 13, 2005. In addition, data are collected on June 30, 2005 in our year-round sites. The data are maintained in multiple databases that allow us to filter information by county, program option, and age. Statistics are applied to the High/Scope software called the Outcomes Reporter. Reports indicating progress in COR categories, Federal Domains and required elements are then made available to stakeholders for further analysis and discussion.

Children's progress is also evaluated by using an individual portfolio system. Throughout the school year, children's experiences with writing, alphabetic principles and counting are captured through anecdotal notes, work sampling and photography. Along with results from our more formal child assessment system, these concrete images of progress are shared with parents during home visits and parent/teacher conferences.

Miami Valley Child Development Centers does not look through one lens. Our system of assessing child outcomes and program quality is comprehensive in its approach. Just as a strong financial system requires checks and balances, program quality and child outcomes must also have such a system.

[An attachment to Mr. Siegfried's statement follows:]



Chairman CASTLE. Thank you, Mr. Marker, thank you, Mr. Siegfried. We appreciate your testimony.

Ms. Mainster, it's your turn.

STATEMENT OF BARBARA MAINSTER, EXECUTIVE DIRECTOR, REDLANDS CHRISTIAN MIGRANT ASSOCIATION, IMMOKALEE, FL

Ms. MAINSTER. Thank you, Chairman Castle, Ranking Member Woolsey, and others for having this hearing. We appreciate and are all very honored to be part of this exemplary group.

I wrote testimony, submitted it. It would take me 16 minutes to read, so I'm not doing that. I'm going to just cover some key points. I'm going to tell why there is a Migrant and Seasonal Head Start program. I'm going to tell you a little bit about the services. I'm going to tell you about the importance of collaboration, and I'm going to close with some resource issues.

First of all, my agency, the Redlands Christian Migrant Association, is a large agency. We've got about a \$47 million budget. We serve 6,200 children. We have funding that is like quilting. We're a Head Start grantee, but I am speaking to you today as a migrant Head Start delegate agency under East Coast Migrant Head Start Project.

The characteristics of our program I think that make us exemplary is that we have committed, well trained staff we hire from the communities we serve. Our staff are bilingual. They can communicate with the parents well, which is critically important when two-thirds of the children you're serving are infants and toddlers.

We have very strong parent involvement. We have a board that understands its role and takes it seriously and is well informed, and we have infrastructure that support the staff both fiscally and programmatically. And we use technology appropriately. Since we're in rural counties, we really don't have much choice.

Let me just talk about Migrant and Seasonal Head Start. In 1969, you in Congress, those of you who might have been here then, saw the wisdom of a program—nobody up there is that old, I know—saw the wisdom of setting aside a separate bit of money and recognizing that the migrant and seasonal kids were never going to get served in regular Head Start programs for the simple fact that they travel.

Florida, Texas, and California are home-based states. That's where the family spends six to 7 months of the year working in the crops in those states. Then they travel and go up north. We gave you a map with colors so you could see it, and I was happy to see where most of you are from, because they go to your states. Our families go to South Carolina, North Carolina, Georgia, Delaware, Maryland, Virginia, New York, and many go Ohio and Michigan.

When they're in Florida, they're picking oranges, tomatoes, strawberries, peppers, squash, cucumbers, et cetera. They do the same things up north with the exception of the oranges, which become cherries and apples when you go north of the Mason-Dixon line; and peaches.

If Congress had not set aside a special program for migrants, they would never get served, because they go to rural areas, and when they get to rural areas, the Head Start programs and child care programs are full. They follow the weather.

The services that are different is that our centers are open from six in the morning till six in the evening usually. We serve—and the dates vary, because depending upon the crops, you may have to open earlier because the families are back, or you may open later. You have to be a very flexible program to handle this money and to handle the services properly.

We serve babies through 4-year-olds, and our parent involvement has a lot of ESOL, teaching English as well as adult literacy in it. I want to just tell you one quick story. One of our children, his name is Rosember, came to us. His mom is from Guatemala. She spoke Kanjoval in that country. She's totally illiterate, but Kanjoval is a dialect. She learned enough Spanish to get by. So when Rosember came to us, staff thought he was a little delayed. He wasn't delayed. He simply had Kanjoval and Spanish in his head. Then he came to us and he also heard English. So his computer just needed some time to catch up in his brain.

And I want you to know that at the end—we also have charter schools, so he had the good fortune to go from our migrant Head Start program into our charter schools, passed his third grade FCAT with a three, which is a very good score, and his mom is now attending adult literacy at night and has learned to read and write, and Rosember is her tutor.

So that's the kind of thing we get to do, which is why we love our programs.

Our collaborations are critical. In rural areas, you either collaborate or die. We have wonderful collaborations with Agriculture.

Most Migrant and Seasonal Head Start programs do. We collaborate with our state child care. The quilting allows us—our state has set aside a pot of money actually for seasonal farm workers out of their child care allocation, which I believe we're the only state to do that. And health services, of course, the Governors Literacy Council and the Mexican consulate are all our partners.

The resource issue that I want you to look at is that we are only serving about 19 percent of the children who are eligible. We are funded out of a 13 percent set-aside in HHS. We would really appreciate it if—Congressman Grijalva, thank you for your work last year. Also tell your colleague, Senor Hinojosa and Mr. Ehlers, we appreciated their work. But we now need to tie down, and we'd like a 5 percent set-aside so that we can count on having some programs that don't have to worry about funding every year.

We also are concerned about some flexibility in standards, particularly for short-term programs up north in terms of getting everything done, if you're only running a 3-month program, you're kind of asking people to fail.

I want to thank you, Congressman Castle, for going to our program last year. I understand you enjoyed seeing brain development in action with those toddlers. We appreciate very much your time in doing that, and we appreciate the Committee's time in inviting us here today.

[The prepared statement of Ms. Mainster follows:]

Statement of Barbara Mainster, Executive Director, Redlands Christian Migrant Association, Immokalee, FL

Thank you Chairman Castle, Ranking Member Woolsey and honorable members of the Education Reform Subcommittee for the opportunity to submit testimony and contribute to this hearing on Head Start as you begin the reauthorization process.

While I administer a range of Head Start and education programs—my comments this morning will focus on the unique challenges faced by Migrant and Seasonal Head Start Programs and how we have overcome them in order to deliver critical education and child development programs and services to some of the most vulnerable children in our country—children of migrant and seasonal farm workers.

Why Migrant Head Start?

Migrant and Seasonal Head Start was started in 1969 as a direct response to the unique seasonal needs of migrant farm worker families—to ensure that these families and their children can enjoy the same advantages made available to other low income children through Head Start as they move across the country with their families to pursue their work.

Most migrant workers stay in Florida, Texas or California, called home base states, from October/November until May/June. Then they leave to find work moving north. When cold weather sets in there, they come back to their home base. A map is attached which gives a view of the most common migrant streams.

To illustrate, one of our families, Daniel Jaime, works in the oranges in Florida, then goes to Ohio to work in the cucumbers and on to Michigan to work in cherries, before returning to Florida in October or November, depending on the weather and availability of work in both states. His children are served in one of our Migrant Head Start Centers in Polk County, and when he leaves us, he takes their records containing their educational outcome data, and health data with him. When he arrives in Ohio, the Texas Migrant Council Center he attends there picks up where we stopped and continues the services without unnecessary duplication. A web based data transfer system is being piloted right now and will make even more data available faster in the near future.

Ideally, MSHS programs would provide seamless Head Start services to eligible families as they move from state to state to ensure that migrant children are given the same advantages that children attending regular Head Start enjoy. This is what MSHS programs strive for because we know that conventional child care is not

available to these families and for the most part regular Head Start is unable to address the particular needs of these families.

In most states, local childcare resources are not available at the times when migrants come into a community, especially for infants and toddlers. Regular Head Start centers recruit for the fall in the preceding spring and usually follow a school calendar. Rural areas in our country all suffer from lack of resources and facilities, and of course, the migrants all work in rural areas. When child care centers are not available, parents have no choice, but to take the children to the fields where they are exposed to pesticides, hazardous equipment, extreme heat and other health dangers. This is not acceptable to agricultural businesses, or to child advocates. In addition, the primary language spoken by most farm workers is Spanish, and programs need to have bilingual staff available in order to be able to communicate. Services need to be available from 6 am until 6 pm, and sometimes on Saturdays, in order to provide care for the hours both mom and dad are working. Like the immigrants before them, the migrant families believe in hard work and have strong family values. They participate in opportunities to better their own education, learn English and how to help their children be successful in our public schools.

MSHS programs respond effectively to these challenges. We are grateful Congress recognized the need for a Migrant Program Branch in Washington to address the mobility issues and other unique needs of this special population.

Background on RCMA

Since 1965 Redlands Christian Migrant Association has provided quality child care for migrant and rural poor children throughout the State of Florida. RCMA began in the Redlands area of Dade County where a group of Mennonites provided care for farm worker children, so they would not be taken to the fields. Today we serve over 6200 children in seventy programs including 1704 in the Migrant and Seasonal Head Start Program, 343 in Early Head Start and 952 in Regional Head Start. An enrollment report showing all the children served in our centers/schools on February 5, 2005 is attached to this testimony. The information is broken down by county and funding source and documents the waiting list of 2078 children in need of services. You will note we serve children with many different funding sources, rather like a patchwork quilt, designed to ensure that as many as possible of the low income children who live in the communities can qualify for services. RCMA grew as a result of needs expressed to us by migrant parents, by farmers, by school districts, by church groups and by our State child welfare agency.

In addition to being an Early Head Start and Head Start Grantee, RCMA is a delegate agency of East Coast Migrant Head Start. East Coast Migrant Head Start, along with 25 other grantees, serve nearly 32,000 migrant children and 2,500 seasonal farm worker children annually, operating in 39 states in every region of the country. As you may know, Migrant and Seasonal Head Start programs were the first Head Start programs to serve infants and toddlers. Today, two-thirds of the children in the program are infants and toddlers.

In Florida, we serve farm workers who spend the fall, winter and spring harvesting our nation's citrus crops, strawberries, tomatoes, squash, peppers, cucumbers, corn, celery, radishes, melons, eggplant, cauliflower and many other vegetables. They leave us after the harvest and go to Georgia, South Carolina, North Carolina, Virginia, Delaware, Maryland, Pennsylvania, New Jersey, Ohio, Michigan, and Indiana to do the same jobs, with apples, peaches and cherries substituting for oranges. It is hard work and requires special skills. Most farmworker families earn less than \$10,000/year and very few have health benefits, according to a study submitted to Congress in 2000 by the United States Department of Labor.

RCMA as a Collaboration Model in Community Partnerships

When a program operates in rural areas, collaboration is not only necessary, it is expected. I would point to the partnerships that we have forged with governments, private industry and others to be at the core of our success.

RCMA has been extremely successful in forging a partnership with agriculture. Long ago we realized that the agricultural employer and farm worker had more in common than not. For example, both farmers and their workers agree on the need for child care, health services, housing, and pesticide training. As a result, RCMA has received support in the form of buildings for child care centers, land on which to build, monetary support to draw down matching federal dollars, and advocacy with the State Legislature, resulting in a State child care set aside for children of farm workers. Other important partners include the school systems in the twenty counties in which RCMA operates. We work together to prepare children for a successful kindergarten transition, help with the enrollment process and orientation of parents, and jointly serve preschool children with disabilities. They, too, have sup-

plied facilities in which to operate our Head Start programs. Local health centers and public health departments work with us to assure medical services and refer children for our services. Of special importance are the 0 to three year olds, who benefit tremendously from the early intervention we are able to provide. Therapies are provided in our centers. In return, the agencies know they can count on our staff to help translate or transport special cases for critical care. It is a win/win situation. The local Early Learning Coalitions in our state are now working with us to ensure that migrant children will be served in the Voluntary Pre K program beginning this year. In order to meet the mandated number of UPK hours, our centers will adapt our curriculum as needed. Funding received from the state for these four year olds will allow us to serve more infants, toddlers and three year old children in our Head Start centers. Churches are also active partners with us. They help provide the emergency food needed when families arrive with little money, or when weather does not permit families to work, such as during our recent hurricane season. The Governor's Family Literacy Initiative and the Mexican Consulate are very important collaborators in helping us provide family literacy programs in our centers. Funding, software, materials and guidance are all part of those relationships. In return, our centers are available on weekends for programs or services the Consulates may wish to bring to the rural communities.

RCMA as a Leader in the Field

I credit our high quality services and solid track record to our philosophy and practice of bringing farmers and farm workers together on our Board, along with experts in early childhood, health, business, banking, the law, and housing.

Included in RCMA's philosophy is that we hire from the communities served. Staff who know what it is to stoop and pick crops, to travel in search of work, to start school late each fall and leave early every spring—those are the people in charge. They ensure our programs are comprehensive in nature, prepare children to succeed in school and meet the needs of the families we serve. RCMA provides on going training and educational opportunities to help ensure their continued success. We are committed to finding and maintaining the most qualified staff and in rural areas, this is one of our most serious challenges. The length of the time they are employed each year further exacerbates the problem. To compensate, we have adapted a model with one early childhood professional per center, who then trains the paraprofessional staff on an ongoing basis. In addition, our benefits structure is designed to continue health insurance during the period of lay off, which can be up to five months long each year. Collaborations with community colleges to bring classes closer to the communities we serve is beginning to yield results. Of most importance are the outcomes we are achieving, in spite of the lack of degreed teachers. Attached to this testimony is data on our results.

Former farm workers become leaders in their communities and strong role models for families. Since they are trusted and respected by our families, they have the ability to create and instill an awareness of the importance of education, both for the children and for their parents. Head Start has long recognized that unless very low income families were helped to change and develop new skills, and raise their own literacy levels, that long term gains for the children would not be sustained. The importance of reading to their children and for their own education is key. Children live in families, and unless parents are sold on the importance of being an advocate for their children as they go through school, expecting high achievement from their youngsters, then many of the gains will be lost.

Former farm workers are found at all levels of our organization. They are paired with professionals to form teams which have experience and expertise in early childhood, health, and social work. Each of RCMA's sixteen individual geographical areas around the state is led by a former farm worker staff, some of whom have achieved degrees.

In addition, we embrace high quality early childhood and expect all our centers to become accredited by the National Association for the Education of Young Children. At the present time, 76% of all our centers have attained that recognized seal of excellence. High quality and comprehensive services with the involvement of parents is what RCMA believes Head Start is all about and that is what we continue to practice.

Migrant and Seasonal Head Start Challenges

Despite our best efforts to collaborate and stretch current resources, we still maintain waiting lists for services and hundreds of children in many parts of the country go unserved.

In fact, families that leave our program in Florida and migrate up north to states like North Carolina, Alabama, Indiana and Ohio often return in the fall and share

with me that their children's names sat on a waiting list all summer. Based on a 2001 Head Start Study, (Descriptive Study of Seasonal Farmworker Families—September 2001) which was requested as part of the last Head Start Reauthorization bill (Coats Human Services Amendments of 1998 P.L. 105–285), only 19% of the eligible migrant and seasonal children in our country were being served.

Migrant and Seasonal Head Start programs are funded along with Indian Head Start, children with disabilities, technical assistance, program review, and research demonstration out of a 13 percent statutory set-aside from the annual Head Start Appropriation.

Existing MSHS programs maintain significant wait lists and, in many areas of the country, there are no MSHS programs in operation to provide services to migrant farm worker children when they move into a state. Despite the documented unmet needs of this population, funding for Migrant and Seasonal Head Start as a percentage of the overall Head Start appropriation has not grown—in fact, according to our calculations, it has been reduced slightly since 2003. I have attached a chart to my testimony which shows MSHS funding as a percentage of the overall Head Start appropriation.

We urge the Committee to look at ways by which additional resources can be directed to meet the needs of migrant and seasonal children that are currently unable to move off wait lists and access services to keep them out of the field and give them the important step up that Head Start can provide.

The National Migrant and Seasonal Head Start Association, of which I am a member, put forward what we thought was a modest proposal during the last reauthorization debate—that a funding floor of not less than 5% of the total annual Head Start appropriation be set-aside for MSHS. According to the calculations used in the 2001 HHS study, this would enable us to serve about 25% of the eligible migrant and seasonal children.

While I want to thank several members of this Committee for their work to bring more attention to this issue—particularly Congressmen Hinojosa, Grijalva and Ehlers—we still find ourselves well short of the resources needed to properly serve these children.

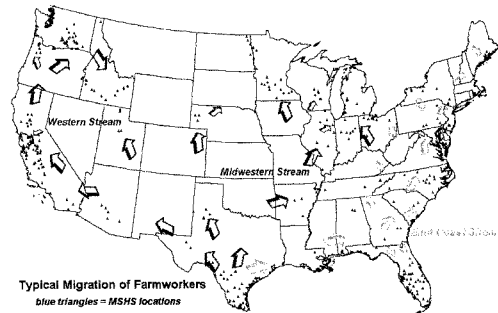
I urge this Committee to address this resource issue again as you consider reauthorizing the underlying Head Start Statute and I request you put in place a funding mechanism whereby we can be assured that additional resources will be directed to address the documented needs of MSHS programs. I would be happy to work with you and your staff in this effort.

Closing

I'd like to close by sharing just one success story as a way to illustrate how our Migrant and Seasonal Head Start programs impact the lives of children and parents served. Many of our former parents and children are now staff. One is a woman who came to us as a migrant farm worker, high school dropout, married and the mother of three rambunctious children. She was active in the Center's activities, served on the Policy Committee and Council, and then, when her children went on to school, joined our staff. While working full time and raising three children, she attained a GED, and then her two year and four year degrees. She and her husband own a nice home, and her three children are all in college at this time. She is now RCMA's Migrant Head Start Manager, responsible for ensuring all the contractual and performance standards are met for the 1704 migrant children entrusted to our care.

I understand, Chairman Castle, that you visited a Migrant Head Start Center last year and have experienced first hand how clear brain development becomes when observing a happy toddler. Thank you for taking that time and for the opportunity all of you have provided for us to be here today.

[Attachments to Ms. Mainster's statement follow:]



Redlands Christian Migrant Association

Migrant Head Start Child Outcomes Report

2003-2004 Program Year

Evaluation and Planning Report

For statistical purposes, the report includes only those children who have at least one observation recorded for skills related to the Domain, Subscale or Head Start Outcome Domain in the specified Period(s). In addition, the report shows the highest individual and the lowest individual average for all classes

Selected Domain/Subscale/Outcome Domain : Language Development

Program	Reporting Period	Male %	Female %	# of Children	# of Classes	Avg. %	High %	Low %	0%	25%	50%	75%	100%
Redlands Christian Migrant Association													
	Beginning	50.20	49.80	251	1	54.85	89.06	0.00					
	Mid-Year	50.21	49.79	237	25	63.86	94.82	3.44					
	End-Year	50.00	50.00	244	25	70.57	98.27	8.62					

Selected Domain/Subscale/Outcome Domain : Literacy

This is a Program-based report that reflects progress over time based on:

Program	Reporting Period	Male %	Female %	# of Children	# of Classes	Avg. %	High %	Low %	0%	25%	50%	75%	100%
Redlands Christian Migrant Association													
	Beginning	50.20	49.80	251	1	26.49	75.00	0.00					
	Mid-Year	50.21	49.79	237	25	34.50	83.33	8.33					
	End-Year	50.00	50.00	244	25	42.18	83.33	8.33					

Selected Domain/Subscale/Outcome Domain : Mathematics

This is a Program-based report that reflects progress over time based on:

Program	Reporting Period	Male %	Female %	# of Children	# of Classes	Avg. %	High %	Low %	0%	25%	50%	75%	100%
Redlands Christian Migrant Association													
	Beginning	50.20	49.80	251	1	36.02	68.75	0.00					
	Mid-Year	50.21	49.79	237	25	46.29	78.12	0.00					
	End-Year	50.00	50.00	244	25	53.31	89.06	1.58					

Selected Domain/Subscale/Outcome Domain : Oral Language Proficiency (OLP)

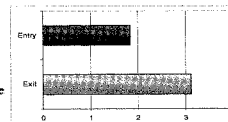
Average Level of children with both Entry and Exit scores
238 Migrant Head Start children

47% improved 1 or more Levels

28% of children migrated

before exit assessment

Level I - Novice
Level II - Low Intermediate
Level III - High Intermediate
Level IV - Advanced
Level V - Independent



Selected Domain/Subscale/Outcome Domain : Science

This is a Program-based report that reflects progress over time based on:

Program	Reporting Period	Male %	Female %	# of Children	# of Classes	Avg. %	High%	Low%	0%	25%	50%	75%	100%
Redlands Christian Migrant Association													
	Beginning	50.20	49.80	251	1	19.58	64.28	0.00					
	Mid-Year	50.21	49.79	237	25	28.48	64.28	0.00					
	End-Year	50.00	50.00	244	25	37.26	78.57	0.00					

Selected Domain/Subscale/Outcome Domain : Creative Arts

This is a Program-based report that reflects progress over time based on:

Program	Reporting Period	Male %	Female %	# of Children	# of Classes	Avg. %	High%	Low%	0%	25%	50%	75%	100%
Redlands Christian Migrant Association													
	Beginning	50.20	49.80	251	1	60.80	100.00	0.00					
	Mid-Year	50.21	49.79	237	25	74.09	100.00	20.00					
	End-Year	50.00	50.00	244	25	83.61	100.00	20.00					

Selected Domain/Subscale/Outcome Domain : Social and Emotional Development

This is a Program-based report that reflects progress over time based on:

Program	Reporting Period	Male %	Female %	# of Children	# of Classes	Avg. %	High%	Low%	0%	25%	50%	75%	100%
Redlands Christian Migrant Association													
	Beginning	50.20	49.80	251	1	61.54	97.22	2.77					
	Mid-Year	50.21	49.79	237	25	73.62	100.00	13.88					
	End-Year	50.00	50.00	244	25	81.50	100.00	13.88					

Selected Domain/Subscale/Outcome Domain : Physical Health and Development

This is a Program-based report that reflects progress over time based on:

Program	Reporting Period	Male %	Female %	# of Children	# of Classes	Avg. %	High%	Low%	0%	25%	50%	75%	100%
Redlands Christian Migrant Association													
	Beginning	50.20	49.80	251	1	64.91	95.74	3.19					
	Mid-Year	50.21	49.79	237	25	77.52	98.93	6.38					
	End-Year	50.00	50.00	244	25	85.18	99.46	6.91					

Migrant and Seasonal Head Start Funding History
\$ In millions

Fiscal Year	Total HS Funding ¹	Total MSHS ² Funding ¹	MSHS as a % of HS
1992	\$2,120	\$88	4.15%
1993	\$2,683	\$108	4.02%
1994	\$3,216	\$130	4.04%
1995	\$3,403	\$139	4.08%
1996	\$3,438	\$139	4.04%
1997	\$3,877	\$154	3.97%
1998	\$4,232	\$162	3.82%
1999	\$4,658	\$178	3.82%
2000	\$5,266	\$205	3.89%
2001	\$6,199	\$244	3.93%
2002	\$6,537	\$251	3.83%
2003	\$6,668	\$263	3.94%
2004	\$6,816	\$263	3.85%
2005	\$6,898	\$264	3.82%

Chairman CASTLE. Well, thank you. And we appreciate you being here, Ms. Mainster, and your testimony here today.

Ms. Cunningham?

**STATEMENT OF GAYLE CUNNINGHAM, EXECUTIVE DIRECTOR,
JEFFERSON COUNTY COMMITTEE FOR ECONOMIC OPPOR-
TUNITY CHILD DEVELOPMENT SERVICES, BIRMINGHAM, AL**

Ms. CUNNINGHAM. Good morning. Chairman Castle, Congresswoman Woolsey, and distinguished Members of the Committee, it is an honor to be here. And I thank you for this opportunity to share about our program. We serve 1,431 Head Start children and 148 pregnant women, infants, and toddlers in Early Head Start.

Head Start is more than a Federal program. It's more than the best thing that this nation does for its neediest children. For many children and families, Head Start is a lifeline. Sadly, we have a 650-child waiting list for our Early Head Start program, and more than 1,900 children are on the waiting list for our Head Start program.

In addition to these Head Start-eligible children, more affluent parents regularly ask us if they can pay for their child to participate in our great Head Start program.

We promote excellence by meeting and exceeding Head Start performance standards and using the Head Start Child Outcomes Framework to guide our teaching and other services, by providing staff with continuing educational and career development opportunities to improve their knowledge and skills, and by creating collaborations with many agencies to address the wide range of needs faced by our Head Start families and children.

The Head Start performance standards, together with the Child Outcomes Framework, assure that our program staff attend to each area of children's development, support family development and provide optimal program management and accountability.

Our planning and quality improvement process uses the Head Start performance standards as its base. The Child Outcomes Framework helps us to use the most appropriate observation and assessment procedures and instruments. The data from these assessments helps us to make adjustments in our curriculum and daily schedule, to plan in-service teacher training, and to make purchase decisions for classroom curriculum resources. The framework has helped us to make our teaching and other work with children more intentional to better achieve Head Start's child outcome goals.

We are committed to career development for our staff. Eighty-four percent of our teachers have associate degrees or higher. As staff members have obtained higher credentials, we could pay for their training, increase compensation and maintain the teaching staff that we have invested in, with the Head Start quality dollars that sadly no longer come to us.

Degrees are important, but ongoing professional development is also key. Based on the large body of research on effective teaching practices and curricula, we have developed a unique system of supports for classrooms and teachers that includes education specialists assigned to each cluster of centers to provide day-to-day staff development and assistance with planning; a program-wide, theme-

based curriculum with accompanying theme boxes of resource materials; a resource center where staff can obtain and prepare materials for their classrooms, for teaching and for their college coursework; and a cadre of “mentor teachers” who provide peer support.

Ensuring that children receive services and not just referrals is another key to school readiness. Each child is assisted to have a medical home, a provider that they can go to regularly for checkups and illnesses. We help parents to take care of any health needs their children may have while they’re in Head Start, and we also provide dental and visual screening and help children get dental services or glasses.

We also identify mental health problems and provide assistance to parents and teachers to address them. We have extensive collaborations with a wide range of medical, dental, psychological and social services providers. And we have assistance from the local school systems to provide special services to children with disabilities and their families.

We help parents to learn parenting skills to better support their children’s learning and development, to learn more about resources in their communities, and to participate as advocates for their children, families and neighborhoods. For eleven years, we have provided special programming for fathers, encouraging them to play a strong role in their children’s lives both at home and at our centers.

A growing number of grandparents are raising our children. Several years ago we began a support group for them that provides monthly sessions on a range of topics, occasional outings and individual assistance. Because most of our parents work, we provide before and after school care, and Head Start quality enhancement funding enabled us several years ago to add Summer Head Start for those children.

We collaborate with public schools to ensure that children are ready for kindergarten and that they and their families experience smooth transitions into Head Start. And we’ve worked with those schools to determine their expectations for kindergarten and to arrange our curriculum and in-service training for teachers so that children are better prepared for later schooling.

Thirteen of our Head Start classrooms are located in public schools in seven different public school systems, and most of our classrooms are located in buildings donated by either school systems or Catholic parishes.

All of the services I’ve described are also provided to Early Head Start infants, toddlers and pregnant women, but we have six children waiting for every slot that we have in Early Head Start.

So how do we know that we’re successful? The data we collect as we assess our children tells us that our children are making huge strides. Kindergarten teachers who receive our Head Start children tell us that they are better prepared for school than almost any others in their classes. Principals and superintendents ask us to add classrooms to their schools and systems. And we regularly hear from parents that their Head Start graduate children are on honor rolls, winning awards, graduating from high school, going to college

and to graduate school and contributing to our communities and to society.

A local Birmingham bank vice president is a Head Start graduate, as are two local city councilmen. Head Start truly is our national child development laboratory, and it deserves far more credit for all that it has contributed to the large field of early childhood education. We at JCCEO take that title seriously, and we seek in all that we do to find the most effective ways to serve each child who comes to our program and each family that brings them.

Head Start truly is our nation's best gift to our neediest families. Our goal is to make sure that it is a gift that works well and one that lasts.

Thank you.

[The prepared statement of Ms. Cunningham follows:]

Statment of Gayle Cunningham, Executive Director, Jefferson County Committee for Economic Opportunity Child Development Services, Birmingham, AL

Mr. Chairman Castle, Congresswoman Woolsey, and distinguished members of the committee. Head Start is very, very special. For many of the children and families that I have worked with in Head Start, it is more than a federal program, more than the best thing this nation does for its neediest children: for many children and families it is a lifeline.

Let me share with you an email that I received just last Sunday.

To Whom It May Concern:

My name is Melissa Johnson, my son is Christian Tyler Johnson. He attends Tarrant Head Start center. I am writing to let you at the main office know of the OUTSTANDING and WONDERFUL teachers and staff you have. Not only has my son enjoyed his two years at Head Start but he is excited and most of all ready for Kindergarten. Everyday he comes home with something new that he has learned.

Not only has my child grown and matured from the program but so have I. I had him when I was sixteen so I thought the teachers would teach him. They have done a great deal but they showed me that the learning has to start from the home.

I apologize for the lengthy letter I just love the Head Start program, and I wanted to THANK everyone involved. I know you have lots of work to do so thank you for your time.

Sincerely,
Melissa J. Johnson

We know there are many similar stories in every one of your districts, in every Head Start and Early Head Start program across this country.

My name is Gayle Cunningham and I appreciate and am honored to have this opportunity to testify before you today. It was my privilege to be the director of the Head Start program at JCCEO in Jefferson County, Alabama, where the largest city is Birmingham, for eighteen years, from 1986 until 2004. Since 1990, I have also served as Executive Director of JCCEO, the Jefferson County Committee for Economic Opportunity, the Community Action Agency for our county. Our Head Start-Early Head Start program serves 1431 preschoolers, and 148 pregnant women, infants, and toddlers.

To meet our goal of providing the best possible Head Start for the children and families that we serve, we have worked on every aspect of the program, and our efforts, a true collaboration between our agency Board, our staff, our parents, our community, and the Region IV and Bureau Head Start staff, have resulted in a highly functioning program that seeks higher and higher levels of quality programming for children and for families.

Excellence is our goal. Excellence in supporting and promoting children's development and learning; excellence in our staff and our services; and excellence in supporting families to be successful. So how do we strive for excellence?

Meeting Standards:

The Head Start Performance Standards have been our foundation and they were critical to improving our program. The Head Start Performance Standards are comprehensive and therefore ensure that we look at all of the conditions that support children's learning, their social, emotional and physical development, and family success.

Our internal, yearly, quality improvement and planning process uses the Head Start Program Standards as its base. The Standards are used for a program-wide self-assessment at the beginning of each calendar year. The findings from this assessment are submitted to "Program Quality Improvement Workgroups" that include staff, policy council members and other parents, board members, and community representatives. Each workgroup focuses on a different program service area, and reviews all program documentation related to that area. The workgroup's recommendations for improvements then go to the management team for deliberation, and the accepted recommendations are implemented during the next program year.

Tri-annually there is an in-depth review of our program, and every Head Start program, by a Federal monitoring team, using an instrument based on the Head Start Performance Standards. We believe that these reviews, in combination with our yearly self-evaluations, are an important factor in maintaining ongoing program quality.

Head Start's Child Outcomes Framework has proven an invaluable tool for improving the quality of our classroom services to children. It is comprehensive, multi-dimensional, and appropriate for young children, focusing on the whole child. It has provided the framework for a multitude of decisions that have improved our program for children. We used it to help us determine, and create, the most appropriate observation and assessment procedures and instruments for our children. The data from these assessments have been used to help us make adjustments in our curriculum and daily schedule, plan in-service teacher training, and make purchase decisions for curriculum enhancements for our classrooms, such as additional math materials. The Framework has helped us to make our teaching and other work with children more intentional, so that we can better achieve Head Start's child outcomes goals.

Staff and Teacher Quality:

We know that the knowledge and skills of our directors, service area managers, teachers, and all of our staff are critical to our success. That is why we are committed to career development for all of our staff, finding and providing opportunities for both education and in-service training, with a special commitment to teachers and teaching after all, that is where our children are.

In 1986, we had nine Child Development Associate credentialed staff, mostly in management, and no other appropriate credentials among our teaching staff. Today, 84.62% of our teachers (66) have an Associate's degree or higher. Most began with us with no credentials and, through Head Start, were able to earn their CDA credential, and then we assisted them to build upon it to earn their Associate's degree. Six more of our teachers will have earned their Associate's degrees by August, 2005.

Eight-nine (89) of our teacher aides have Child Development Associate credentials, which we consider the basic credential for working in the classroom and the first step towards the Associate's and Bachelor's degrees. We expect a teacher aide to begin working on qualifying for the Child Development Associate as soon as possible after beginning employment. Six teacher aides have Associate's degrees. As staff members obtain higher credentials, increased compensation is provided to reward and acknowledge achievement and increased skills, and to maintain the teaching staff that we have invested in, again, thanks to funding from Head Start.

How did we accomplish these career development goals? Primarily, it was the receipt of Head Start quality enhancement funds over the years that made it possible. With those funds, we could provide tuition and book scholarships, provide release time and substitute teachers to cover classrooms while teaching staff were in school, and increase compensation once credentials were earned. On average, it has taken our teachers six years to obtain their Associate's degree. Because we know that better child outcomes are associated with higher degrees, we have worked with others in the state, including the Alabama Head Start Collaboration Office, to develop articulation arrangements to move our teaching staff from the Associate's to the Bachelor's degree, and we learned last week that such an opportunity will soon be available to us with a local university. We don't, however, know how we will provide the scholarships and other supports that will be needed to assist our staff to earn Bachelor's degrees, or how we will adequately compensate them once they have earned the BA. This is a worthy goal, but it would require new, additional Head Start resources for teachers to go back to school, for programs to provide release time and

substitutes, and for compensation increases that are at least comparable to those of kindergarten teachers with similar degrees and experience so that our teachers remain with us in Head Start.

Effective Teaching Support:

We believe that teachers need more support on a regular basis, in addition to credentials and degrees. Ongoing quality professional development is key. Based on the large body of research on effective teaching practices and curricula, we have developed a unique system of supports for classrooms and teachers that includes: Education Specialists assigned to each cluster of centers to provide day-to-day staff development and assistance with planning for teaching staff in a role that is completely separate from supervision; A program-wide theme-based curriculum with supporting theme boxes of materials that rotate to provide an array of teaching resources to classrooms; A resource center where staff can obtain and prepare materials for their classrooms, for teaching, and for their college coursework; and a cadre of “mentor teachers” who provide peer support to other teachers. These mentor teachers were selected because they were effective in their own classrooms, and they also demonstrated the capacity to work well with and support other adults. They each attended an eight session course on mentoring, participate in monthly mentor teacher training sessions and meetings, work with a protege teacher, assist with program-wide teacher training, and receive a monthly stipend for these additional responsibilities.

Again, the importance of the comprehensive Head Start Program Performance Standards and the Child Outcomes Framework must be emphasized. These assure that in our service delivery and in our training and support of staff, we attend to each area of a child’s development—because learning to read, and to count, do not occur in isolation from a child’s other areas of development, or in isolation from their families.

A Community Program:

Head Start is unique because it provides an opportunity to lift entire families and communities to better economic, educational, and personal lives. We collaborate with a large network of public, private, and faith-based community resource providers to help us meet the needs of our participants. To improve our work with families, we used Head Start Quality Enhancement funding to lower family services worker caseloads to two-to-three classrooms each. This enables us to give each family more attention and to help them with the wide range of issues and needs that confront low-income families, especially when there is a crisis. We have helped families get better and safer housing, in several instances helping them to purchase homes through Habitat for Humanity; we have helped families that have been evicted or burned out, helping them to find temporary and then permanent housing; we have helped families when they or their children have medical emergencies; and much, much more.

We help families to assess their current situations, set goals, and take concrete steps to achieve them, be they more schooling, job training, better jobs, better housing, or more food in the house. Self-sufficiency is our goal for every family that we work with. School readiness, especially for the low-income children in Head Start, is about letters and numbers and colors and shapes, but it also includes so much more. We assure that each child has a medical home—a provider that they go to regularly for check-ups and for illnesses, and we assist parents to take care of any health or medical needs they might have while they are in Head Start. We provide dental and visual screening and then assist parents to obtain any needed dental services or glasses. We identify mental health problems and provide assistance to help parents and teachers address them. Our extensive collaborations with a wide range of medical, dental, psychological, and social services providers enable us to address these needs. And, with assistance from local school systems, we provide special services to children with disabilities and their families, making at least ten percent of our enrollment opportunities available to them.

We also assist parents to learn parenting skills, to better support their children’s learning, to learn more about resources available in their communities, and to participate in their communities as citizens and advocates for their children, families, and neighborhoods. We provide special programming for our children’s fathers, encouraging them to play a strong and effective role in their children’s lives, both at home and as volunteers in our classrooms and centers. We call our father involvement project “CHIEFS” and it is now in its eleventh year.

In response to the growing number of grandparents raising young children in our program, we began a support group for grandparents several years ago, named “GEMS”, that provides monthly sessions on a wide range of useful topics, occasional

field trips, and individual assistance when needed. Grandparents raising young children are a growing phenomena in our communities, and their needs are unique and sometimes difficult to address through regular Head Start resources.

Most of our parents work, and it is sometimes a challenge to make arrangements to bring their children to our centers after 7:30 a.m., or pick them up when our program day ends at three. So we assist them by providing before and/or after program care for approximately 200 children through a collaboration for vouchers with our local childcare (block grant) subsidy provider, along with private payments by parents not able to obtain vouchers. (The waiting list for vouchers in Jefferson County is 3000 children long.) Several years ago Head Start quality enhancement funding enabled us to add "Summer Head Start" for the children who participate in after school care to our program, so this group continues with us until August, receiving a full day of learning and care while their parents work.

Public schools are an important part of our families' communities, and we collaborate with them in a variety of ways to assure that our children are ready for kindergarten and that they and their families experience a smooth transition from Head Start. We have worked with public school systems to determine their expectations for children entering kindergarten and arranged our curriculum and in-service training for teachers to both prepare children for kindergarten and beyond, and to provide appropriate pre-school education. Thirteen of our Head Start classrooms are located in public schools in seven different school systems. Most of our other classrooms are located in school buildings no longer in use by the systems or by Catholic parishes, and provided to our program at no cost. We have a special partnership with the Birmingham Public School System, equally sharing three pre-k classrooms for a Head Start-Pre-K partnership. Most of our disabilities screenings and services are provided by our partner school systems. And each participates in a variety of transition activities for children and parents as the end of the program year approaches.

All of the services that I have described are also provided to our Early Head Start infants, toddlers, pregnant women, and their families, with particular attention to the special needs of pregnant women and babies. The need for infant-toddler care and learning opportunities in our community is acute, and our small program, serving about 100 babies and toddlers, meets only a fraction of the need. There are more than six children on our waiting list for every Early Head Start slot that we are funded to provide.

How Do We Know We are Successful?

So how do we know that all of this works? There are many ways. The demand for our program is enormous. In addition to the more than 650 child waiting list for Early Head Start, there are more than 1900 children on our waiting list for Head Start. In addition to these Head Start eligible children, more affluent parents regularly ask us if they can pay for their child to participate in our Head Start program.

Kindergarten teachers who receive our Head Start children tell us that they are better prepared for school than most others in their classes, and principals and superintendents ask us to add classrooms to their schools and systems. We have had a classroom in one local system for two years and the superintendent recently met with our Head Start director to tell her what a difference the school staff sees in the children who have attended Head Start. He wants another classroom.

We regularly hear from parents that their children are on honor rolls, winning awards, graduating from high school, going to college, going to graduate school, and contributing to our communities and to society. A local bank vice president is a Head Start graduate. Two local city councilmen are, too. And another graduate of our program has earned his Ph.D. and is the director of a local Head Start program and the childcare subsidy program that serves our area.

The data that we collect as we assess our children at the beginning, middle, and end of each program year also tells us that we are successful. Our children make huge strides while they are with us, and our Child Outcomes data documents and verifies this, as do our own observations when we visit our wonderful classrooms.

Our program has participated in a number of local and national research and evaluation projects, always seeking to both benefit by learning more about our program's effectiveness and to contribute to the body of knowledge about what works best for Head Start, young children, and their families. With every measurement we learn that our program is making a significant difference as we work with our Head Start children and families, the children and their families in Birmingham and Jefferson County, Alabama, who are most in need.

Head Start truly is our National Child Development Laboratory, and the program deserves much more credit for all that it has contributed to the larger field of early

care and education. We at JCCEO take that title seriously, and seek in all that we do to find the most effective ways to serve each child who comes to our program, and each family that brings that child to us. Head Start truly is our nation's best gift to our neediest families. Our goal is to make sure that it is a gift that works well, and one that lasts.

Chairman CASTLE. Thank you very much, Ms. Cunningham. Before we go forward, I don't know if there's any Member here—we're going to have a motion to adjourn on the floor. We're all going to have to go vote in seven or eight or 9 minutes. Is there anyone here who won't be able to come back, would like to ask their questions now? Or do you want me just to go ahead and start?

I'll go ahead and start, then. But if somebody needs to finish before I leave, let me know.

Actually, my questions are too general for everybody to answer everything. So you're going to have to sort of limit yourself here, if you will, because I want to get in a few things.

I'm worried about what we're doing here at the Federal level. Let me congratulate each and every one of you, first of all, you know, for running exemplary programs. You wouldn't have been here if you hadn't been doing that. And you're doing it within the framework of the law and the regulations in dealing with HHS as far as this is concerned. A couple of you used the expression "quilting," I think, meaning you're running a variety of programs, and that's generally true of Head Start providers, which is fine.

But I want to sort of look at it from that point of view; how we can run exemplary programs, and what is it in the law or in the regulations that may in some cases restrict you or perhaps allow some of the other problems which exist out there that perhaps we could address as we take up our new legislation, which is what we're doing.

So let me just start with that. As you know, we have the basic law here. You probably deal mostly with the regulations, if I had to guess, the administration of children and families and the Head Start Bureau, and there's a series of performance standards and forms you have to fill out and that kind of thing, some of which—and frankly, we had an analysis of this, and some of it was critical. And so I want to see how it is out in the field.

So my question to you is, in doing what you're trying to do—and you're doing everything from migrant programs to combining it with school programs. You're doing a lot of things in your different areas. My question is, is there anything in the law or the restrictions that—and you can answer this generally. You don't have to cite statute numbers or whatever—that you think is a block to continuing progress in terms of what you are doing? I know that's a very general question, and I'm looking for specific answers, but I'm interested in that.

Any volunteers? Dr. Daeschner.

Dr. DAESCHNER. First of all, thank you. I think that is an essential question. I'm different in that I run a district, and I have like these 5,400 early childhood. And I satisfy lots of different standards.

As an example, and most you just allude to it, there's almost 1,700 standards connected with Head Start. And they're very specific. I'm not too sure they're not specific for a reason.

Our state has some like that, but they're somewhat different. So when you work in a district, you're faced with not necessarily competing, but how do you fit one and the other and satisfy all those? Let me give you one good example, and I alluded to it earlier. These child restraints. A great example is I run all these buses. I have 850 buses that I run on a three-tiered system. And they pick up my high school kids, it's our elementary and then our preschool. And you can imagine we have to use all the buses to do all that.

It's almost prohibitive to put these seat restraints on, because it reduces my numbers. The buses are absolutely safe. I have to follow the Kentucky bus regulations. And I will give you one particular example. We had a month ago a car run into a back of a bus. The car caught fire. By the way, the driver took off. The front of the car caught fire underneath the bus. The bus was consumed in about a minute and a half with smoke and fire. Now, the good news is that there were high school kids on that bus. But if I'd have had child restraint hooked up in harnesses on that bus with preschool, I'm here to tell you, at least half of those children would have died, because we couldn't have got them out.

Chairman CASTLE. But in a more general sense. I don't know if my question was too long or your answer is too long, but between us, we've taken up almost all my time.

Dr. DAESCHNER. I'm sorry. That was my fault.

Chairman CASTLE. But I'd just like to follow up in way to cut you off a little bit.

Dr. DAESCHNER. OK, sure.

Chairman CASTLE. I mean, but is that something that we can address? I mean, that's one specific thing.

Dr. DAESCHNER. That is.

Chairman CASTLE. You're saying maybe we shouldn't have those particular things. But in a more general sense—

Dr. DAESCHNER. Yes.

Chairman CASTLE [continuing]. Are you hindered by all these various performance standards you have to live with, or do you think they should be changed in some way or another, a whole management model from the Federal Government?

Dr. DAESCHNER. I can answer that very quickly. It's a management style. I believe we ought to, policy-wise, ought to be adjusted to the most exemplary classrooms you have and not to the lowest classrooms that we have. I as a manager need to drive up my lowest classrooms that aren't performing well to the highest standards. All standards, for example in Head Start, are geared so that you just take one step forward, two steps left, one step right. There's certainly a lot of those, now, to go in there and give you specifics. But I would rather have policies that adhere with the general so that all my preschool kids can serve.

Chairman CASTLE. How about those of you who are working in the so-called quilting effect in terms of your running multiple programs? Ms. Cunningham obviously mentioned that, and Ms. Mainster may have mentioned it, too. But I see that when I go to my Head Start programs in Delaware. They're running a variety of things, if you will.

What are we doing in Head Start that is either positive or negative in the middle of that quilt in terms of what you are doing that

in some way inhibits us from developing these kids as fully as we possibly could?

Ms. MAINSTER. If I may, I would just say that we use the Head Start standards because we're one of your quilters, as those that we try to get to with all our programs. The biggest difference in our state child care, for example, in Head Start, is that there's not funding there nor is there mandate for the parent involvement and the comprehensive services in terms of health and social services. I would not want to see those reduced.

I think the idea of the specificity—in other words, we go out and we look for United Way money, for example, to add to our state child care money so that we can bring them to the Head Start standard. When you're dealing with low income kids, and Head Start founders recognized that this program is as much for families as it is for children. Children live in families. And so that's not a standard I want to see changed.

I do think that you have some language proposed about shorter term programs need to have some flexibility in terms of how they meet the standards. I think we need to look at outcomes, and if a program is meeting the outcomes, be less concerned about—specifically I'm talking about degrees in terms of rural short-term programs, it's next to impossible, and we're going to keep struggling with that. But if the outcomes are being attained, I think that ought to be adequate.

Chairman CASTLE. OK. Thank you.

Ms. Cunningham?

Ms. CUNNINGHAM. I would argue against lots of changes in the performance standards. They in fact have been an example for other standard systems, licensing systems, accreditation systems across the nation.

Chairman CASTLE. And you think they're positive, basically?

Ms. CUNNINGHAM. Oh, yes.

Ms. MAINSTER. I do, too.

Ms. CUNNINGHAM. Head Start's standards are looked up to, and actually, efforts are made to find ways to help other child care and pre-K systems begin to meet Head Start standards. We really should continue to hold them up as the highest standards, national standards available.

Chairman CASTLE. But the criticism—and I probably don't have this quite right—but the criticism has sort of been that while the standards are fine, they're sort of, I don't know, self-dependent in terms of responding to the standards or whatever, and that we don't get—"we," the government who funds this—doesn't get all the information that it needs in order to monitor fiscally and perhaps programmatically correctly.

In other words, there's been some criticism of that from the point of view of what the management team gets back, if you will. You may not be—you're running a program, so you may not be the one to answer that question. But we want to make this as secure and as positive as possible, but we want to make sure that we're eliminating things which are not essential and overwork or whatever it may be.

Ms. MAINSTER. I just want to say, you're just now getting the results of the NRS testing and so forth. I would hesitate to say, until

you've really had a chance to look at some of those, you're finally getting some of the stuff you were alluding to wanting.

Chairman CASTLE. Right. Good.

Ms. CUNNINGHAM. I think most of the information that you reference is available. It's very available. It may not have been looked at as critically in the past, as carefully in the past, but it's there. And perhaps a stronger system of interaction between regional offices and Head Start programs could strengthen that system.

Chairman CASTLE. But to the extent that I'm criticizing, I may be criticizing, what's happening at the regulatory end of it, not at the Head Start end of it, as much or more than the Head Start end of it, because I think there has been some justifiable criticism. I'm just trying to see if there's problems we can straighten out.

Let me yield to Mr. Grijalva.

Mr. GRIJALVA. Thank you, Mr. Chairman, and let me join with you in thanking our witnesses. It's very important and very helpful information and testimony.

For the sake of time and to some extent my interest, let me focus my questions to Ms. Mainster, if I could. You're running an Early Start, Head Start, and a Migrant and Seasonal Head Start. Briefly, what are the biggest differences and to some extent challenges in coordinating—not only coordinating between these programs?

Ms. MAINSTER. Thank you, Congressman. The biggest difference I would say is the population, because obviously our Migrant Head Start has to have flexible opening dates, so our staff are frequently laid off for 5 months a year. So holding onto that staff is always a challenge. But of course when you quilt, you find ways to help them work in other programs if you need to.

The clientele actually are easier. People don't realize that. The migrant Head Start families are the easiest to work with. Mom and dad both work, but mom and dad have hope, so—I know this is not the kind of thing you may be asking, but those are the families that are the true immigrants that are looking at the American Dream, and they'll do anything they need to get there.

So many of our early Head Start and Head Start families have very little hope left, so we have to work with them in a different way. I don't think standards-wise, obviously, if you're only operating a short-term program, and again, we're lucky in Florida. We operate about seven to 8 months. But the short-term programs are being killed by trying to fit in, for example, all of the various trainings that one must have or all the various sessions parents must complete.

Mr. GRIJALVA. It goes to your point of flexibility.

Ms. MAINSTER. That's the point. And I believe there's some language being looked at for some flexibility for short-term programs. I would still want the outcomes, yes, sir.

Mr. GRIJALVA. Let me just follow up, because I—not just because of the migrant and seasonal component and your good work in that area, but you serve predominantly Spanish-speaking families.

Ms. MAINSTER. Yes.

Mr. GRIJALVA. And just for the sake of the record and others, what advice would you give to other Head Start centers regardless of whether they're serving migrant and seasonal families who face

both the challenge, and quite frankly, the reality of large populations of non-English-speaking kids and families?

Ms. MAINSTER. Well, the very, very first piece of advice is they must hire people from that community. They must hire Spanish-speaking staff, Spanish-speaking staff who know the cultures of the kids that are coming in and who will have the respect of the families. That is critical.

Mr. GRIJALVA. And I think the last, aside from your point in your testimony about the funding and the 19, we're only serving 19 percent in migrant.

Ms. MAINSTER. Yes, sir.

Mr. GRIJALVA. And I think that's a very important point that this Committee has dealt with and I hope deals with again during the reauthorization. But both as it relates to general and migrant and seasonal workers, what other kinds of recommendations would you have aside from funding for this Committee as we go through this reauthorization process?

Ms. MAINSTER. One of the things I think that we could improve programs with is if each program had a seasonal-based funding so that they could operate for the seasonals the year round, then they could use key staff from that to operate their migrant programs. That would have to be worked on to make sure that the migrants don't ever lose the services. That would be—

Mr. GRIJALVA. I think that transition is very important, and I—last point and question. How do you coordinate as you follow—as the family leaves to follow their work?

Ms. MAINSTER. OK. We're actually piloting the promise, which is the data web-based system, but the parents are still the most important. The parents get a record with all their children's scores in it on their assessments. They also get the health data, and we let them know where the programs are. Those that go to Ohio know exactly where they're going. Those that go to Delaware, they know where their centers are. They go in. The center can then pick up where we left off and keep going. That's the idea.

The problems of course come where there is no room when they get to where they're going. But right now the parents are hand-carrying that record. The coordination is counting—is really dependent upon the parent making it happen. The programs of course all know each other and talk. There's only 25 grantees, so that helps.

Mr. GRIJALVA. Thank you very much.

Ms. MAINSTER. Thank you.

Mr. GRIJALVA. Mr. Chairman, I yield back.

Chairman CASTLE. Thank you, Mr. Grijalva. Mrs. Biggert is recognized for 5 minutes.

Mrs. BIGGERT. Thank you, Mr. Chairman. I apologize for coming in late, but I have to say that I have had a connection with Head Start and the fact that I volunteered the first year that it had opened in Chicago at Hull House and spent a summer with the children there. So it's always been very dear to my heart.

And I can remember—you were just mentioning about how people have to be Spanish-speaking. And this of course was a Spanish neighborhood and I spoke French and Latin poorly, but still, it was something that—so I used to run home and turn on Sesame Street to watch to see if I could pick up the language in a very short time,

which of course by the end of the summer, there was quite a bit of communication.

But I remember then, and the thing about the culture was that the lunches that were served were American food, and these children didn't know what it was. And they used to just not eat it. And finally I said, well, why don't we just, you know, do something and bring in some food that they will eat, that is their own, and that worked well.

But what I'd like to know is how many children are unable to get into the Head Start program because there aren't enough and where do they go in your areas?

Ms. CUNNINGHAM. In our county, we have a 1,900 child wait list for our 1,431 child Head Start program, and another 658 children on our Early Head Start wait list. We have 148 slots total 100 or so in centers. We have a huge wait list in Alabama.

Mrs. BIGGERT. Has there ever been any movement to expand it?

Ms. CUNNINGHAM. We've taken advantage of every expansion opportunity that's come available. There have not been any recently, but we actually have grown from serving 630 children in 1986 to 1,431 now.

Mrs. BIGGERT. And you wouldn't say that it's diluted the program at all?

Ms. CUNNINGHAM. What now?

Mrs. BIGGERT. It has not diluted the program?

Ms. CUNNINGHAM. Not at all, not at all, because with those additional funds over the years have come the opportunities to expand supports, expand space and provide everything that we need for each child.

Ms. MAINSTER. I think the other answer is where are they, those that are not in centers? They're with babysitters in not very good settings. Our waiting list—and this was in our packet, but just a snapshot on February 5th, we had 2,078 children on waiting lists, and we also had our data from last year to this year. So we went—last year we were 5,837 kids that we served, this year 6,242. So we're like, I think all the exemplary programs must be very good at seeking out funds, because we know that the kids need the services.

Mrs. BIGGERT. Mr. Marker?

Mr. MARKER. In our program, we operate an Early Head Start program and Head Start program, and obviously, since we only have 110 slots for Early Head Start in a three-county area, that's where our largest demand is right now. And we do maintain a rather lengthy waiting list on that. I'm not aware of the current number of it.

Head Start is a little bit different in Ohio. Until 4 years ago, we had a very strong state Head Start program that had adopted the Head Start program performance standards, which made everything very fluid. We could work very easily. But through budget problems, that's gone away, so those children now are going to private child care, which is a good thing in some cases. A larger and larger number every day are going to the more unregulated care that's present in Ohio, and there's no regulation, and it's really very scary.

And I think as—if we ever get to the point where we can expand Head Start, that will make our three-county area much better because there will be more opportunities to get those children into a good environment that is safe.

Dr. DAESCHNER. We're rather unique in that—I'm going to talk about a district we had in Head Start. But we basically, I'm going to talk about children that qualify for free lunch. What we serve is Head Start. When I run out of that, I go to preschool. When I run out of that, I got tuition-based. When I run out of that, we have 90 percent of all the 4-year-olds that we serve in Jefferson County in an all day, every day 4-year-old program. I've got only about 30 percent of the 3-year-olds. That translates into about 500 children that could take advantage of these services. I have actually 300 on a qualified waiting list, so.

But the way you do that is you combine all the funds that I mentioned earlier into a program like we operate, so we can do quite a bit with all that funding in a streamless situation.

Mrs. BIGGERT. Thank you for all that you do. I yield back.

Chairman CASTLE. Thank you, Ms. Biggert. Mr. Kind is recognized for 5 minutes.

Mr. KIND. Thank you, Mr. Chairman. Mr. Chairman, I want to first of all thank you for holding this very important hearing. I know of your great interest and concern about reauthorization of the Head Start program, and if and when we start moving forward on a Committee basis, once again we'll look forward to working with you in a bipartisan fashion to try to produce a good reauthorized bill.

And I want to thank all the witnesses for being here and bringing your particular expertise to the subject. This is an incredibly important program for many of us, and I think you all appreciate the significance of the Head Start program.

I mean, it's the most reviewed program at the Federal level it seems, and yet it's also the most popular program when you talk to the constituents and the families that it services. I think the surveys that come back show a high 90 percent satisfaction and approval rating from the parents who have children in Head Start programs. So I think it really speaks volumes in regard to the success the program has had in preparing these children to close the achievement gap when it's time for them to walk through that kindergarten door for the very first time.

And that's why many of us are concerned in regard to some of the more radical proposals being thrown out there by the Administration in regards to block granting and the impact that's going to have on access, on the quality of the programming, on the accountability and the oversight of that program too. And hopefully with your help, we can work through that, because that's been one of the major stumbling blocks as far as reauthorizing this program in the last session and perhaps in this session as well. There's a difference of opinion.

But from my perspective, one of the areas that I've been concerned about is in regards to this rush for more testing of children at an early age and the impact that's going to have on them. In fact, I had offered an amendment in the reauthorized bill last year that would allow that the National Research Council of the Na-

tional Academy of Sciences to do a comprehensive study in regards to what would be the appropriate measurements for children at this age so we don't end up doing more harm than good just for the sake of testing.

And I think it's very important as we move forward with the reauthorized bill that we do pay attention to the impact of what new measurements and tests that we're going to be requiring these children to undergo and whether it's the most effective and scientifically based standards that we can hope for. And I notice the Administration, even though we didn't reauthorize the bill, nevertheless through an administrative rule, went forward on a new National Reporting System that's putting in place this new testing regime even before the National Academy has had a chance to complete the work they want to do in reviewing the different standards and measurements that we can take.

I'd be curious to hear your opinion in regards to this new National Reporting System, the impact it's having, whether you think it makes sense or whether there's another approach that we can take in working with the Administration so we get this aspect of the Head Start program done right and not wrong, which I think is very important in regards to the performance of these kids and where they're going to go from there. And I'd just open it up to anyone on the panel, quite frankly, who's interested in touching that rail.

Mr. SIEGFRIED. Thank you. Although I appreciate the objectivity of the data available through the National Reporting System, it only allows me, the user, to see this information at one level, at the agency level. Users have no ability to filter out information at the center or classroom level and certainly can't then therefore impact individual teaching, because that report is not available, nor can I provide any information back to a parent in that regard.

It also measures three developmental domains, and we know that our holistic service would appreciate eight domains, and that certainly is our approach as comprehensive services. We prefer to look at child outcomes really through many different lenses. Certainly our Brigance screening done initially within 45 days of enrollment gives us some initial information.

Also the Child Observation Record, the COR, High/Scope's COR, that we do implement then throughout the school year provides information that is directly aligned to the Federal performance standards, certainly the domains and elements and also the ODE Early Learning Contents standards.

We collect data three times a school year, four in our year round programs, and then we can filter that information out by county, by program option. We can sort that in different ways really to determine the patterns and trends that we see. So that information is very useful to us.

We can also take that information and we can then apply it to High/Scope's Outcomes Reporter software, which then allows us to see how the information that we are determining as growth comparatively on the COR six scales then translates to the eight Federal domains as well as the required elements within the framework.

In addition, we use less formal methods of assessment, including portfolio systems that parents find very friendly because there's oftentimes photographs and anecdotal notes that accompany of course more formal reports available through some of these other observation pieces.

Last, the piece that we have recently adopted, the ECERS and the ITES, the Early Childhood Environmental Rating Scale, again, it's a very comprehensive measure certainly. It measures the environment, it measures everything really from how deep the mulch is on the playground to how wide the doors in your classroom. And certainly it measures then the adult-child interaction, the ability of staff to relate appropriately to children to extend ideas, to relate it to concepts, and to really deepen that knowledge.

Mr. KIND. Thank you. Mr. Chairman, I see my time has expired, but if any of the other panelists have something to add, I would encourage you to maybe forward some information or get directly in touch with my office so we can work with you on this very important matter, I feel.

Thank you, Mr. Chairman.

Chairman CASTLE. Thank you, Mr. Kind. Mr. Osborne is recognized for 5 minutes.

Mr. OSBORNE. Thank you, Mr. Chairman, and thank you all for being here today. First of all, just a rather quick specific question. Mrs. Mainster, I think you mentioned that you have a budget of \$47 million and you serve 6,000 children, and I think that would translate to about \$7,800 per student.

Ms. MAINSTER. Yes.

Mr. OSBORNE. It seems a little high, but maybe I don't understand. And I wonder if you could comment on that as to what the average cost for a Head Start student is and how you justify those costs.

Ms. MAINSTER. Sorry I gave you the numbers, but I'll try. Actually, we also have two charter schools in those numbers. That is, those are not all Head Start children. And in the Head Start arena, we serve—two-thirds of the children we serve are infants and toddlers. Infants and toddlers require a one-to-four staff/child ratio. It is much, much more expensive, no question. I don't actually think we do it on \$7,800. It's more than that, sir.

Mr. OSBORNE. Yes.

Ms. MAINSTER. I would yield if I could, because I would have to play with some numbers to get you the actual cost in Head Start, in Migrant Head Start and in Early Head Start and in child care. I could do that. But when you lump it all together, it's an average, and it doesn't include the two charter schools.

Mr. OSBORNE. Well, let me throw out a broader question, and that is that every group we have come before us is ecstatic about how important Head Start is, how good it is, how much they're doing. And I agree that it's a very important program, and I think it's obviously something that we need to support as much as we can. Do you have any ways of quantifying what you're getting done? In other words, at some point somebody's going to ask some questions and say, well, you know, everybody feels good about it. The kids are happier. There's more socialization. But what evidence do we have? You know, because—do you have any control

studies where you have a set number of people with similar backgrounds and skills, one of which has gone to Head Start, one which has not, and where they are 2 years, 6 years, 8 years, 10 years later?

Ms. CUNNINGHAM. There's a Head Start impact study going on right now in its third year I believe collecting exactly that kind of data. We're expecting a report soon. It's a national study in lots of communities across the nation, and it has a control group of children and a group who went to Head Start that it's comparing over several years.

There are lots of small studies that have also looked at Head Start children compared to children not in Head Start. We did a small one in our program, and we're seeking an opportunity to find those children now that they're in about fourth grade to see what a difference having been in Head Start made.

So there are lots of folks looking at how Head Start children have done compared to other children across the nation.

Ms. MAINSTER. And I would just, we tried—we actually contracted with the university to do such a study, and then the—and I don't want to say it wrong, but I think it's HIPPA—but it was another where confidentiality was etched up a notch, and they backed out. They said the school district wasn't allowed to release that data.

Now possibly within a school district they could do it themselves, but not for a school district to release the data to the university for us. So we did try, because we recognize what you're saying. We have lots and lots of good stories we can prove individuals, but I can't give you the numbers that I think you need.

Mr. OSBORNE. OK. Go ahead.

Dr. DAESCHNER. Our programs, Early Childhood has been in place about 7 years. That would make the kids about fourth graders if you look at three- and 4-year-olds. And we matched kids going into this six or 7 years ago, and we matched it against free lunch that got Early Childhood programs and ones that did not.

At the end of the fourth grade, we're looking at about an 8 percent difference in standardized reading and similar to that with about a variance of two points on either side of that in terms of math.

Where it really begins to also make a significant different is in special education. The kids that we can get in special education at a preschool, three- and 4-year-old and look at that comparative group, we have a lot less that qualify for special education at that fourth grade level if it occurs at the three and 4-year-old level. So we've got real clear data. I'd be happy to give you all those stats. We've tracked that. We've flagged the kids. We watched them, and we have all that data from almost 6 years.

Mr. OSBORNE. Well, I think in reauthorization of Head Start which we went through last year and will go through again this year, one of the main concerns was that really when you look at enhanced academic performance, there wasn't maybe as much as we had hoped would be there, and therefore we put in some stipulations that required a little bit more academic rigor, and that's kind of a tough term to use when you're dealing with three- and 4-year-olds, but at least ability to know the alphabet and to write

your name and, you know, the nuts and bolts and some of the basics.

So the desire is to maybe enhance the academic performance. I think what you're saying is right. There's a lot of overidentification in the special education issue, and it could very well be that Head Start does cut down some of that overidentification or misidentification. And so anyway, but the more data we can get our hands on, you know, the better we can do. And it's a little sketchy right now, so. Mr. Chairman, I yield back. Thank you.

Chairman CASTLE. Thank you, Mr. Osborne. Mrs. Davis is recognized for 5 minutes.

Mrs. DAVIS. Thank you. Thank you, Mr. Chairman. Thank you all for being here. I'm sorry that I had to be at another hearing, but I wanted to just express to you, as others have, I mean, we all feel that the program has certainly made a difference for many, many children. It is interesting that perhaps the gap has closed a little bit between those who do not have the advantage of Head Start and those who do. But that may be because of other factors, as well.

I'm amazed by how much young children are exposed to today, but the real critical issue is that there are children who are exposed to many, many things and those who are exposed to a little bit, and we need to try and balance that.

I wanted to go to Ms. Cunningham for a second, because I know that we speak about the number of children that are on waiting lists. And we're also concerned about funding. If you had more funding, however, would you have the capacity to have the teachers that you need, the infrastructure, the facilities, all the things that are needed to make the program work?

Ms. CUNNINGHAM. It would take time, but we could do it. It takes training teachers. It takes the money to pay them. It takes funds to help us find facilities and bring them up to licensing standards. But all of that can be done. We've done that for years. As long as there's not the expectation that it will be done tomorrow, we can serve more children over time.

Mrs. DAVIS. OK. Thank you. One other question, and I think you probably addressed nutrition earlier, but we are very concerned about obesity in young children today. Do you see that Head Start is working to address this more? And particularly in the area of parent education. Because I think it really starts in the home. And kind of tough. I saw that the Cookie Monster is actually going to be eating more vegetables, and I was really glad to see that.

But I wonder if you could talk a little bit about that and what plans are being done to really focus particularly on the parent education piece of that, because that's important.

Ms. CUNNINGHAM. In our program we did a study of children's and parents' activity to begin to see what the problem in terms of activity—intake versus activity was. And we really determine that our children are not getting out and playing enough, not having enough physical activity, and that our parents are not serving them fruits and vegetables enough to provide the kind of healthy intake we'd like.

So we use our parent involvement component as a vehicle for more training and demonstrations to parents about healthy eating.

We participate in a study with the university, the University of Alabama, trying to find a way to encourage more low income families, more low income children, more low income parents to provide fruits and vegetables for their children.

I just came from a conversation at the Kellogg Foundation about what they can do to begin to help parents of young children provide more healthy meals and provide more activity for them. So there's a real interest in Head Start.

Mrs. DAVIS. That's great. Thank you. I appreciate that. And it is a combination of factors and it applies to all parents, not just parents in Head Start, but we certainly can accentuate that perhaps more.

One other quick question on assessments, because I think that is terribly important. We always are telling people, tell us your story, but we need to have data, too. It's not just anecdotal. You seem to—you alluded, I think, to the importance of children being in programs. I think my colleague mentioned the food that's presented so that there's sort of a cultural identity with that.

When we're assessing, are we trying to minimize the cultural dissonance with children so that what it is they bring from the home actually is carried through and we're evaluating partly their progress in relating to that which they know as well as that which is new to them? But is there consistency with that? Do you think that there's enough emphasis on that?

Ms. MAINSTER. There's a difference between assessment and testing. In our assessment tools, I think all of us are very cognizant and aware of that, and I did include our outcomes in my testimony, which your staff might want to wade through.

But the testing, there were a lot of concerns about that very issue in terms of children having to learn what a vase was and what a swamp was. Kids are amazing, though. And the teachers are also amazing. So we're teaching more about vases and swamps these days.

Mrs. DAVIS. Thank you. Thank you very much. Thank you, Mr. Chairman.

Chairman CASTLE. Thank you, Mrs. Davis. I'm going to recognize—actually, I'm going to recognize Mr. Scott and Mr. Hinojosa together. Let me explain why. We are in the middle of a vote. We've got about 10 minutes to go on the vote, and we've got to leave in about five or 6 minutes to go vote, and it's a series of votes, so it's going to be 30 or 40 minutes. And rather than bring everybody back, I think I'm going to try to finish the panel up.

I had a few extra questions that I'll submit in writing, particular to you, Dr. Daeschner, that I want to get some answers to. But I want to make sure they have their opportunity. So, gentlemen, you take whatever time we can allow until we have to go vote in five or 6 minutes.

Mr. HINOJOSA. Thank you, Mr. Chairman, and thank you, Congressman Scott, for allowing me to ask at least one question before we rush off to vote.

It was last year that three different caucuses, the Congressional Hispanic Caucus, the Congressional Black Caucus, and the Congressional Asian-Pacific American Caucus, sent a letter to the Secretary of HHS detailing our concerns about the technical quality of

the assessment and the appropriate use of such assessment of Head Start students. Nonetheless, HHS has moved forward with this assessment without ensuring that the assessment meets the highest quality technical and professional standards, and this is especially true for the test given in Spanish. More seriously, HHS has proceeded with this national assessment without clearly defining the purpose nor how the results will be used.

I would like to ask Ms. Gayle Cunningham, the executive director from the Alabama program, to share with us your view of the appropriateness of this assessment for the children that they serve and to comment on their understanding of the purpose of such assessment.

Ms. CUNNINGHAM. The children we serve in Birmingham are predominately black, so we did not have as many of the issues around very different cultures. Our concern is about the addition of this test to all the other assessment which we developed or made choices about which we believe to be appropriate and to fit into our program; the amount of time that it has taken for our staff to learn this new test and administer this new test; the fact that the feedback that we receive has not yet been useful to us. It's general. It's about the whole program. It's not about individual children, individual classes, or even individual centers.

Mr. HINOJOSA. You've made a good point. Can you tell us how you and the other members of this panel can help us draft what would be the ideal way to do it and how to use that assessment? Maybe pass the buck over to the lady to your right. How do we pronounce your name, Mainster?

Ms. MAINSTER. Yes, sir.

Mr. HINOJOSA. Thank you.

Ms. MAINSTER. Please don't pass the buck to me.

[Laughter.]

Ms. MAINSTER. I would say in our Migrant and Seasonal Head Start program this year, they didn't have their act together to get the NRS out to us. In our regular Head Start, we serve about one-third Hispanic, one-third African-American, and one-third Anglos. And those Hispanic kids, of course, are the more seasonal settled out. Their English is better. And so it's hard for us. They did take it in the two languages.

I guess maybe—I'm writing down that you want information, you want to know how to fix it. There are experts here that could do that much better than I. I will just tell you that we roll with the punches. I'm not—we're going to do what we have to do. We're going to keep on doing a good program. I would just wait. If anybody every tried to hit us over the head with it, I would come back with my ammunition at that point.

Mr. HINOJOSA. Well, we—

Chairman CASTLE. Mr. Hinojosa, we've got to go, Mr. Scott, or we're never going to get to him.

Mr. SCOTT. Thank you, Mr. Chairman. Let me just make a couple of comments. We talk about these studies and the longitudinal studies I hope we're considering not just the educational aspects but the other aspects, reduction in crime, behavior, drug use, teen pregnancy and everything else that happens long term.

There's a reason why this program is in Health and Human Services and not in Education, because you have the immunizations, the nutrition, and all the other things that are as much social service as well as anything else, and there's a strong belief that it is in the right department.

I have the same concern that Mr. Hinojosa had about the high stakes test. We don't want to punish children who fail a test because they were in a bad program, but we do want to make the assessments, because the programs—some programs are better than others. And if you're assessing the program, that's one thing. If you're punishing the children and failing to promote and that kind of thing, that is not as useful. The tests obviously have to be validated for the purpose for which they are being used.

Also, as we're doing these assessments, I would hope they would be useful in improving the program. Some programs are better than others. If a program is not doing well, the assessment ought to be able to show exactly what we can do to improve it.

So with all of those on assessments and the social aspects of it, Mr. Chairman, I'd just express those concerns. I assume we're going to be having other hearings. And I appreciate the opportunity for you to kind of squeeze us in at the end.

Chairman CASTLE. Thank you, Mr. Scott. What Mr. Scott is referring to in the other hearing is we're having another hearing on this subject next week at which point we can continue to develop some of these issues, and I appreciate his helping with the time situation that we have.

Yes, Ms. Cunningham? You've got to be brief, but we'd love to hear from you.

Ms. CUNNINGHAM. Just quickly, in response to your first question about regulations, there's a much greater need for managers to have more training and support in using and following regulations.

Chairman CASTLE. Federal managers?

Ms. CUNNINGHAM. No. Head Start managers.

Chairman CASTLE. Head Start managers.

Ms. CUNNINGHAM. There's no system for bringing Head Start directors on, Head Start fiscal staff on, and helping them—

Chairman CASTLE. Training for them.

Ms. CUNNINGHAM [continuing]. Quickly learn the regulations and how to assure that they are working in their programs. Each of us has had to figure it out for ourselves. And if there were a system of supports for management and administration of Head Start programs, I think that would be a path that would yield greater benefits than one of seeking out what regulations could be changed or dismissed.

Chairman CASTLE. That has the ring of a sound suggestion. You know, we do have the various regional agencies and that kind of thing, so hopefully we could do it.

Let me close this down, unfortunately rather rapidly, because we have to run and vote. Let me thank all of you very much for being here. Because we didn't quite have a chance to do all the questioning we would like to do, we may have some follow-up questions. I know in particular I have some questions for Dr. Daeschner. We'll get in touch with you by mail if that's the case.

But, again, I wanted to thank you all very much for being here. As you know, we're working on this legislation. Hopefully, we'll have a piece of legislation that will benefit all the kids in the country.

But thank you very much.

Ms. MAINSTER. Thank you.

Chairman CASTLE. We stand adjourned.

[Whereupon, at 11:53 a.m., the Subcommittee was adjourned.]

[Additional material submitted for the record follows:]

Statement of Charles R. Field MD, MPH, FAAP, Mary Kay McKinney and Patricia A. Price, University of Arkansas for Medical Sciences Department of Pediatrics Head Start Program, Pulaski County, AR, Submitted for the Record

Since 1998, the University of Arkansas for Medical Sciences (UAMS), a teaching university, has had the opportunity to administer the Head Start program in Pulaski County, Arkansas. The UAMS Department of Pediatrics became the grantee for the Pulaski County Head Start program in November of that year and today enrolls approximately 1000 Head Start and Early Head Start children and serves the interests of many more in the community.

The primary purpose of the national Head Start and Early Head Start programs—to increase the school readiness of low-income children—is a perfect match for the three missions of UAMS: to teach, to search, and to serve. UAMS accomplishes both by offering more than the traditional Head Start services. The UAMS Head Start program is highly successful at helping our students prepare for school. Attached is graphical information about the success our program has had in educating students and preparing them for elementary school. We are very proud of our accomplishments in this area.

We are pleased today, however, to tell you about two areas of services we provide which set us apart from others in the Head Start community. Because of our education mission, we endeavor to promote educational opportunities beyond our students and because we are a medical education institution, we use our Head Start program to promote the health of our students, families, and community.

Educating the Community. In addition to educating children, the UAMS Head Start program provides educational opportunities to many others. The program provides service-learning opportunities to students enrolled in the UAMS Colleges of Nursing, Medicine, Health Related Professions and Public Health. These graduate level students work with our Head Start children and as a result gain valuable experience in dealing with children. Their involvement provides hands on experience and prepares them for the challenges they may face in their medical practice. We also provide tuition discounts to help our Head Start employees (and their family members) continue their education at UAMS affiliated higher education institutions.

Ensuring a Health Community. The thing that truly sets the Head Start program at UAMS apart from others is our commitment to using the Head Start program to promote the health and welfare of our community. Children enrolled in our program and their parents have access to health, nutrition, dental and mental health services from UAMS and other sources. The services, provided by our students and faculty, range from basic medical screening services to consultations with medical specialists.

Since its inception, UAMS has provided free medical services to hundreds of students and families. UAMS staff has performed more than 100 health care screenings on students without access to primary care; 719 children without dental insurance have received dental checkups from UAMS dentists; and more than 100 children have been referred to UAMS physicians for comprehensive specialty pediatric services. In all these cases, the services provided would not have otherwise been available to the students because of gaps in, or lack of, health insurance. Two recent cases provide concrete examples of the success UAMS has had in promoting health among students:

- A Head Start mother with a substance abuse problem sought assistance from Head Start personnel. The UAMS Head Start personnel referred the mother to the UAMS Arkansas Center on Addiction Research Education and Service (CARES). The mother continues to receive treatment and job skills training as a result of the referral. Most importantly, the services were provided without separation from her family and her preschool children continued to receive inte-

grated early childhood education including therapy services to deal with the mother's addiction.

- Just last month, Head Start personnel noted a four-year old student with balance difficulty and a propensity to drool. Medical personnel on site at the Head Start facility monitored the student and reviewed her medical records. Based on these observations the student was referred to UAMS medical specialists. UAMS specialists discovered a brain tumor. The child is now undergoing treatment by UAMS Neurosurgeons and Pediatric Specialists.

Head Start students and families also participate in research programs conducted by UAMS. Students and families receive health care services and the information derived through the research helps UAMS find ways to improve the condition of the students, families, and the community. For example, UAMS Head Start has participated in the following research initiatives:

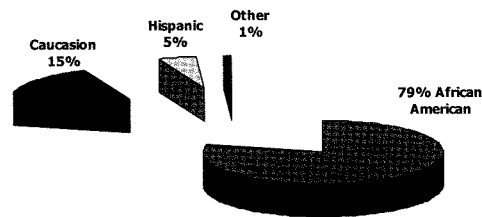
- Asthma Project—An initiative, funded by the Agency for Health Care Research and Quality, to find better outcomes for children with Asthma. UAMS researchers showed children with Asthma proved better outcomes for children with Asthma using the Head Start program by educating parents and staff on Asthma.
- Obesity Project—The UAMS Department of Clinical Nutrition provides interns twice a year to compile data on the height, weight and body mass index profile of the UAMS Head Start Children. UAMS uses this information to chart childhood obesity and researchers utilize the data to educate parents and the public on ways to address childhood obesity. Information compiled by UAMS supported statewide efforts to develop comprehensive nutritional programs and an educational/physical curriculum to help reduce obesity in our children.
- Health Screening Data—UAMS medical professionals use information derived through the health screenings provided to Head Start students and families to better understand and promote child development.

We are very proud of the accomplishments of the children, their parents and our staff in our Head Start program. As the attached information shows, we have had a great deal of success in educating our students and preparing them for elementary school. But in addition to educating the students, the integration between our Head Start program and the facilities and personnel of UAMS allow us to offer services and accomplish things for our students and families, that sets us apart. We know the UAMS Head Start program is laying a foundation for a better tomorrow for thousands of families in the state.

[Attachments to this statement follow:]

Demographics

The chart below reflects the ethnicity of the children served by the UAMS Head Start program.

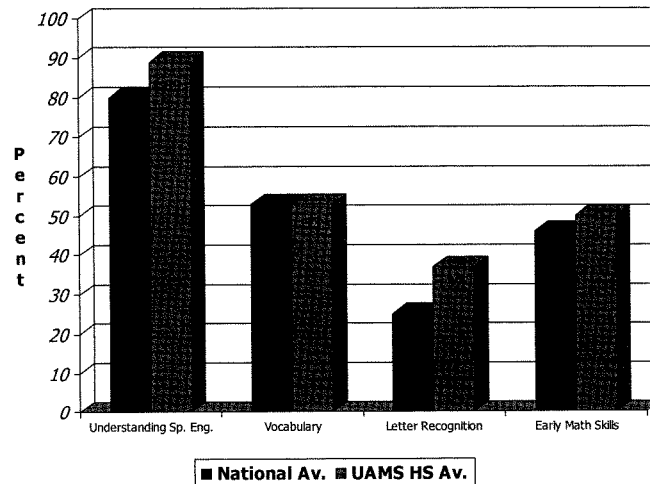


The National Reporting System (NRS) which was designed to create a portrait of the progress and accomplishments of four- and five- year-old Head Start Children on specific child outcomes. This assessment is administered at the beginning and end of the program year. The assessment is intended to determine some of the skills with which the children enter Head Start, their levels of achievement when they leave Head Start, and the progress they make during the Head Start year.

This slide represents the progress of children in the UAMS Head Start program compared to children nationally in other Head Start programs.

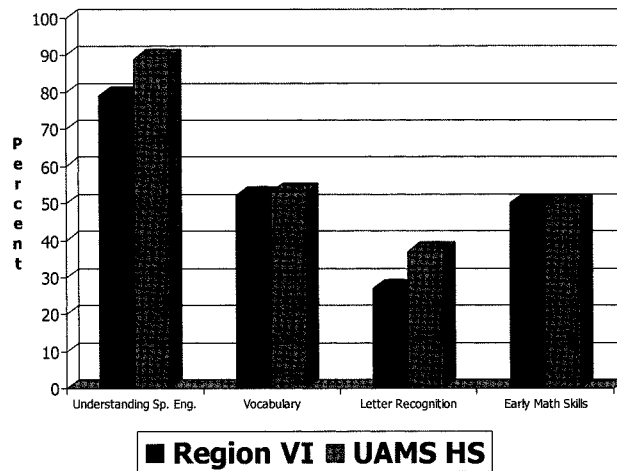
- The areas assessed are:
 1. Understanding Spoken English
 2. Vocabulary
 3. Letter Recognition
 4. Early Math Skills

**National Reporting System (NRS)
UAMS Head Start Children's Achievement
Compared to Children Nationally in other Head Start Programs**



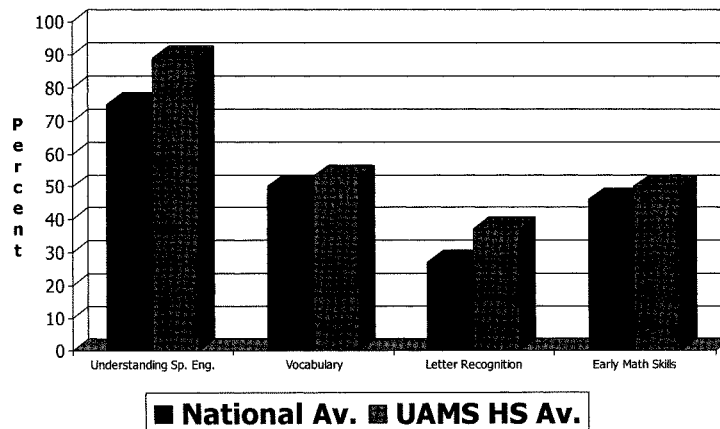
The National Head Start Office divided the Head Start programs into ten regional offices. Arkansas is assigned to Region VI, which is composed of Texas, Oklahoma, New Mexico, and Louisiana. This slide depicts the progress of the UAMS Head Start program in comparison to the overall results of the other Head Start programs in Region VI.

**NRS Achievement Continued
UAMS Head Start Children's Achievement
Compared to Children in other Head Start Programs
Located in Region VI**



This chart represents the progress of the high minority children in all Head Start programs compared to the progress of high minority children in the UAMS Head Start program.

**NRS Achievement Continued
UAMS Head Start High Minority Children's Achievement
Compared to High Minority Children' Achievement in other Head Start Programs**



Statement of Matthew E. Melmed, J.D., Executive Director, Zero to Three Policy Center, Washington, DC, Submitted for the Record

Chairman Castle and Members of the Subcommittee:

I am pleased to submit the following testimony on the reauthorization of Head Start on behalf of ZERO TO THREE. I am Matthew Melmed, Executive Director of ZERO TO THREE. ZERO TO THREE is a national non-profit organization that has worked to advance the healthy development of America's babies and toddlers for over twenty-five years. I would like to start by thanking the Subcommittee for all of their work to ensure that our nation's at-risk infants and toddlers have access to positive early learning experiences.

We know from the science of early childhood development that infancy and toddlerhood are times of intense intellectual engagement.¹ During this time—a remarkable 36 months—the brain undergoes its most dramatic development, and children acquire the ability to think, speak, learn, and reason. All babies and toddlers need positive early learning experiences to foster their intellectual, social, and emotional development and to lay the foundation for later school success. Babies and toddlers living in high-risk environments need additional supports to promote their healthy growth and development. Disparities in children's cognitive and social abilities become evident well before they enter Head Start or Pre-Kindergarten programs at age four. Early Head Start was created to help minimize these disparities and ensure that children enter school ready to learn.

The Success of Early Head Start

The Congressionally mandated National Evaluation of Early Head Start—a rigorous, large-scale, random-assignment evaluation—concluded that Early Head Start is making a positive difference in areas associated with children's success in school, family self-sufficiency, and parental support of child development. What is most compelling about the Early Head Start data is that they reflect a broad set of indicators, all of which show positive impact—patterns of impacts varied in meaningful ways for different subgroups of families. The reauthorization provides an opportunity to focus on what can be done to achieve even greater impacts for infants, toddlers and families in Early Head Start. Highlights of the study include:

Intellectual, Social and Emotional Development

- Early Head Start Moves Children Further Along the Path that Could Lead to Greater School Readiness if the Early Head Start Gains are Maintained By Good-Quality Preschool Programs. Early Head Start produced statistically significant, positive impacts on standardized measures of children's cognitive and language development.² A smaller percentage of Early Head Start children (27.3 percent versus 32.0 percent) scored in the “at-risk” range of developmental functioning (although still below the mean of national norms). By keeping children from entering the lowest-functioning group, Early Head Start may be reducing the risk of later poor cognitive, language, and school outcomes.³
- Early Head Start Children Had More-Positive Interactions With Their Parents than control group children. Positive and secure parent-child relationships may reduce a young child's fear in novel or challenging situations and enable the child to explore with confidence.⁴
- Early Head Start Children Were More Attentive To Objects During Play than control group children. Play is important because being attentive to and engaged in play activities is how children begin to learn important cognitive and social skills needed for later school and life success.

Parenting and Families

- Early Head Start Parents Were More Involved and Provided More Support for Learning. Early Head Start programs have significant favorable impacts on a range of parenting outcomes. Early Head Start parents were observed to be more emotionally supportive and less detached than control-group parents. They also provided significantly more support for language and learning than control-group parents.
- Early Head Start Helped Parents Move Toward Self-Sufficiency. Early Head Start significantly facilitated parents' progress toward self-sufficiency. Although there were not significant increases in income, there was increased parental participation in education and job-training activities.
- Early Head Start Programs Had A Substantial Impact on African American Families and A Notable Impact on Hispanic Families. Early Head Start programs were especially effective in improving child development and parenting outcomes of African American children and parents. The Early Head Start pro-

grams also had a favorable pattern of impacts on Hispanic children and parents.

- **Early Head Start Had Positive Impact for Parents at Risk of Depression.** Early Head Start parents who had been at risk for depression when they enrolled in the program reported significantly less depression than control-group parents reported when their child reached age three. Early Head Start also demonstrated a favorable pattern of impact on children's social-emotional development and parenting outcomes among these families.
- **Early Head Start Had Favorable Impact on Child–Father Interactions.** Early Head Start significantly improved how fathers interacted and related to their children. Early Head Start children were observed to be more able to engage their fathers and to be more attentive during play than control group children. Early Head Start fathers were observed to be less intrusive in interacting with their children than control group fathers. The emotional quality of the father-child relationship appears to be extremely important to children's adjustment and well-being.⁵
- **Early Head Start Participation resulted in Fewer Subsequent Births.** Early Head Start low-income mothers were less likely to have subsequent births within the two years following enrollment in Early Head Start.

Children Served by Early Head Start

Early Head Start began with 68 new programs in 1995. Now more than 700 programs serve over 71,000 low-income families with infants and toddlers. However, we know that Early Head Start could benefit many more at-risk children. Currently, only 5 percent of the children eligible for Early Head Start are served. Thousands of eligible children nationwide remain on waiting lists. And waiting lists can be significant. For example, one program has reported a waiting list of over 400 children for only 92 slots. A program in Wheeling, West Virginia reports that they have a waiting list of 216 children for 48 slots. And a program in Asheville, North Carolina reports that they receive phone calls on a daily basis from desperate parents needing a quality early education program. The program rarely has vacancies and has a waiting list of over 100 children for only 40 slots. In short, by every measure of capacity, we clearly must do more to serve eligible babies and their families, delivering the proven benefits of Early Head Start to those who are in greatest need. There are very few high quality alternatives for at-risk babies. Child care for this population is abysmal and there is not much going on in states. Early Head Start has really become a “Beacon of Hope” for at risk infants, toddlers and their families

Funding

Currently, 10 percent of the overall Head Start budget is used to serve 71,000 low-income families with infants and toddlers through Early Head Start—only 5 percent of all eligible children. We strongly encourage the Subcommittee to increase the Early Head Start portion of the program to 20 percent of the overall Head Start budget. Additional funds will enable us to protect and continue to build on the firm foundation that currently exists and to ensure that more eligible babies and families are able to benefit from the services of Early Head Start.

The Head Start Program Performance Standards

Key to Early Head Start's success is its emphasis on the implementation of the Head Start Program Performance Standards—research from the National Evaluation of Early Head Start demonstrates that programs that fully implement the Performance Standards early on have a greater impact on child and family outcomes than those that do not.⁶ This finding indicates that the success of the program is largely dependent on the preservation of these performance standards. The first set of Head Start Performance Standards, published more than 20 years ago, focused only on the provision of services to preschool children. The revised Standards cover the provision of services for pregnant women and children from birth to five years of age. We urge the Subcommittee to protect the Performance Standards as they are key to Early Head Start's success.

The Performance Standards ensure that Early Head Start programs pay close attention to the unique needs of infants and toddlers by: supporting responsive, consistent, nurturing caregiving; promoting social and emotional growth, physical development, and sensory and motor development; and encouraging language development. The Performance Standards pay particular attention to the social and emotional development of infants and toddlers by focusing on their relationship with their teachers and ensuring that center-based and home-based teachers are consistent and nurturing, well-trained, and that they understand the child's family culture. The Performance Standards are different for infants and toddlers. Examples include:

- **A Higher Ratio Requirement:** Agencies must ensure that each teacher that works exclusively with infants and toddlers in a center-based setting has responsibility for no more than four infants and toddlers and that no more than eight infants and toddlers are placed in a group. This ratio is maintained until Early Head Start children are 36 months. For programs serving 3, 4 and 5-year old children, the ratio requirements are quite different. Each Head Start class must be staffed by a teacher and an aide or two teachers. Three year-olds have an average of 15–17 children per class, with no more than 17 children enrolled in any class. 4 and 5 year-olds have a class average of 17–20 children, with no more than 20 children enrolled per class.
- **More Staff Intensive:** Early Head Start program staff working with infants and toddlers who are counted in the ratio must be qualified as an infant/toddler teacher which means that the individual must have a minimum of a CDA credential for Infant and Toddler Caregivers or an equivalent credential at the time of hire or within one year of hire. Thus, the teacher's aide concept that is so common in Head Start preschool programs has no currency in EHS. Unlike Head Start teachers, EHS teachers must also have knowledge of infant and toddler development, safety issues in infant and toddler care, and methods for communicating effectively with infants and toddlers, their parents, and other staff members.
- **Special Nutritional Requirements:** Staff and families must work together to identify each child's nutritional needs. For infants and toddlers, current feeding schedules and amounts and types of food provided, including whether breast milk or formula and baby food is used, meal patterns, new foods introduced, food intolerances and preferences; voiding patterns; and observations related to developmental changes in feeding and nutrition. In addition, infants and toddlers who need it must be fed "on demand". Head Start children do not have these special nutritional requirements. The Performance Standards do note that the feeding experiences for preschoolers should occur at scheduled times, and be flexible enough to deal with the individual needs of children.
- **Services to Pregnant Women Enrolled in Early Head Start:** Early Head Start grantees must assist pregnant women to access comprehensive prenatal and postpartum care through referrals—immediately after enrollment in the program. This care must include: early and continuing risk assessments which include an assessment of nutritional status as well as nutrition counseling and food assistance; health promotion and treatment including medical and dental examinations on a schedule deemed appropriate by the attending health care providers as early in the pregnancy as possible; and mental health interventions and follow-up including substance abuse prevention and treatment services as needed. Requirements for services to pregnant women do not apply for Head Start as only Early Head Start serves pregnant women.

Training and Technical Assistance

From the beginning, Early Head Start's implementation was assisted by a dedicated national and regional training and technical assistance network with specialized knowledge of the needs of infants, toddlers and their families. Given the recent changes in the overall Head Start training and technical assistance system, the small size of the Early Head Start program, and the positive child and family outcomes that the program is yielding, we are concerned about the maintenance of the national and regional Early Head Start training and technical assistance system. In order to sustain the positive outcomes generated by the program, Early Head Start programs and staff need to continue to receive the ongoing training opportunities and technical assistance from organizations with specialized expertise relating to infants, toddlers and families and the demonstrated capacity needed to provide direction and support to the national and regional training and technical assistance system.

Early Head Start's Comprehensive Approach

Research demonstrates that comprehensive services, such as education, health and family support services have a positive impact on Early Head Start families. We urge the Subcommittee to protect Early Head Start's comprehensive approach to serving children and families. Comprehensive services include:

- **Education:** In providing services to infants and toddlers, Early Head Start programs must support the physical, social, emotional, cognitive, and language development of each child. Early Head Start programs are to encourage the development of secure relationships for infants and toddlers by having a limited number of consistent teachers over an extended period of time and are to encourage responsiveness to infants' individual cues and developmental changes.

Teachers in both center-based and home-based settings should understand the child's family culture and speak the child's language whenever possible. Staff must support the social and emotional development of infants and toddlers by promoting an environment that will encourage the development of self awareness, autonomy, and self expression and support the emerging communication skills of infants and toddlers by providing daily opportunities for each child to interact with others and to express him/herself freely. Staff must also support the physical development of infants and toddlers by supporting the development of physical skills of infants and toddlers including motor skills such as grasping, pulling, crawling, walking and climbing and creating opportunities for fine motor development that encourage control and coordination of small specialized motions using the eyes, mouth, hands and feet. Ongoing assessment of each child's skills and behaviors plays a key role in developing a curriculum that is age-appropriate, culturally sensitive, and tailored to meet his or her specific needs. As previously mentioned, the National Evaluation found that Early Head Start produced statistically significant, positive impacts on standardized measures of children's cognitive and language development.⁷

- **Family Support:** Early Head Start programs are required to involve families in every aspect of the program and provide them with added services, such as adult education and employment training. Programs are to work with families to set goals for themselves and their children and should ensure families' access to community resources and services. Programs use community partnerships as a key vehicle for increasing families' access to quality child care, prenatal services, housing, employment, and maternal and child health care. The National Evaluation found that Early Head Start helped parents move toward self-sufficiency. Early Head Start significantly facilitated parents' progress toward self-sufficiency. Although there were not significant increases in income, there was increased parental participation in education and job-training activities.
- **Health:** Early Head Start provides comprehensive health services to infants, toddlers and families through prevention and the early identification of health and developmental concerns, and through links to community health services. Early Head Start programs provide health and developmental screenings when children enroll and periodically throughout children's participation in the program. If a health or developmental concern is identified that indicates a disability or other developmental delay, children are promptly referred to local Part C programs for further evaluation and if eligible, early intervention services are provided. The National Evaluation found that few effects on family health emerged due to very few overall differences between program and control groups in the receipt of health services—nearly all program and control group families reported receiving basic health services.⁸

Conclusion

During the first three years of life, children rapidly develop foundational capabilities—cognitive, social and emotional—on which subsequent development builds. These years are even more important for at-risk infants and toddlers. Early Head Start can serve as a protective buffer against the multiple adverse influences that may hinder their development in all domains.

We know based on research from the National Evaluation that Early Head Start is working! Key to the program's success is its emphasis on the implementation of the Head Start Program Performance Standards, which ensure the highest quality care for babies and families and its comprehensive approach to serving children and families. We must protect and continue to build on the firm foundation that currently exists and ensure that our nation's at-risk babies are able to enter school ready to learn.

Endnotes

¹ Shonkoff J., and Phillips, D. (Eds.) (2000). National Research Council and Institute of Medicine. From Neurons to Neighborhoods: The Science of Early Childhood Development. Washington, DC: National Academy Press.

² U.S. Department of Health and Human Services, Administration for Children and Families (2002). Making a Difference in the Lives of Infants and Toddlers and Their Families: The Impacts of Early Head Start. Washington, DC.

³ Ibid

⁴ Shonkoff J., and Phillips, D. (Eds.) (2000). National Research Council and Institute of Medicine. From Neurons to Neighborhoods: The Science of Early Childhood Development. Washington, DC: National Academy Press.

⁵ Ibid

⁶ U.S. Department of Health and Human Services, Administration for Children and Families (2002). Making a Difference in the Lives of Infants and Toddlers and Their Families: The Impacts of Early Head Start. Washington, DC.

ZERO TO THREE Policy Center (2003). The national evaluation of Early Head Start: Early Head Start works. Washington, DC: Author.

⁷U.S. Department of Health and Human Services, Administration for Children and Families (2002). Making a Difference in the Lives of Infants and Toddlers and Their Families: The Impacts of Early Head Start. Washington, DC.

⁸U.S. Department of Health and Human Services, Administration for Children and Families (2001). Building Their Futures: How Early Head Start Programs are Enhancing the Lives of Infants and Toddlers in Low-Income Families, Summary Report. Washington, DC.

Statement of Dr. Tim Nolan, Director, Head Start Program, Waukesha County, WI, Submitted for the Record

Chairman Castle, Congresswoman Woolsey and distinguished members of the committee, I thank you for inviting my testimony regarding exemplary Head Start programs. It has been my honor to serve as the director of the Head Start program in Waukesha County, Wisconsin since 1968. I have also served during this period as executive director of our agency, operating as Child and Family Centers of Excellence which provides Head Start, Early Head Start, full day child care services and a variety of other services for children and families in our community. I am also executive director of the newly created Early Childhood Excellence Network with members from across the U.S. As president of Innovative Outcomes, Inc. since 1973, I have been a consultant to organizations on issues of organizational effectiveness, strategic planning and transformational change. I am the author or co-author of 34 books on these and related topics. It is upon this diverse and rich background that I draw as I approach the topic of exemplary Head Start programs. I believe that excellent Head Start programs are an untapped asset that can be used to help make every Head Start the best that it can be.

Every Head Start Grantee is Expected to Meet High Minimum Standards:

The Head Start Performance Standards are the highest minimum standards in the field of early childhood development. These standards are comprehensive in nature and reflect the need to deal with a child across all of his or her developmental dimensions. All agencies are expected to meet or exceed these minimum standards. Meeting the Performance Standards does NOT equate to excellence.

Exemplary Head Start Agencies:

Exemplary Head Start agencies see the Performance Standards for what they are—minimum standards of performance. For agencies pursuing excellence in their operations, the Performance Standards are a foundation, and a reminder of all the dimensions necessary to achieve success. Exemplary agencies don't work to meet minimums, they work to shape the standard of excellence through constant innovation.

Excellent Head Start agencies surpass the minimum standards in measurable ways, and are innovative in ways that help to shape the field itself and to improve the performance of others. Excellent agencies have staff members who write books, act as community leaders, train others and provide support and technical assistance to others.

We at Child and Family Centers of Excellence see ourselves as a "direct services, demonstration, information services organization." We are the largest publisher of professional development materials for Head Start other than the federal government itself. As a point of reference, when I relate our experience as an agency, please keep in mind that what we are accomplishing is done with the same level of Head Start funding as other agencies—our federal investment per child is approximately at the national average. We are proud to say that our administrative costs are below the allowable level of 15%, and are closer to 10%. Finally, the staffing levels, degree levels of staff and other variables that we discuss have been our pattern for many years, with a constant effort to extend and upgrade quality seeking to reach excellence in all that we do. We are never satisfied. Our organizational culture is focused on always being able to affirmatively answer the question "Is this the best we can do for this child or family?"

Human Resource and Human Resource Development

The key assets of a Head Start program are its human resources. Exemplary Head Start grantees recognize this and focus inordinate efforts at recruiting, developing and retaining the top quality people available to do this work, which is the most demanding early childhood developmental work one can be asked to do, due to the depth of problems and challenges that enrolled families are experiencing. Excellent agencies have every staff member adhere to a constant professional development effort.

At Child and Family Centers of Excellence, our human resource development (HRD) program is headed up by an associate director who holds a master's degree. As executive director, one of my two master's degrees is also in human resource development, since I take a special interest in this aspect of our work. We not only focus on maximizing the quality of our own staff, but provide training and technical assistance to other early childhood and family service organizations on these issues, both inside and outside of our target area. We are partners with both Viterbo University and the University of Wisconsin at Milwaukee. Our work as a Governor's Center of Early Childhood Excellence makes us a training and technical assistance resource to other Head Start and early childhood programs. We operate a leadership institute in Missouri and are in the tenth year of providing an early childhood leadership laboratory in Colorado.

Teachers

While the Head Start Performance Standards specify a minimum of associate degrees for classroom teachers, exemplary Head Start programs are more likely to have bachelor's degreed teachers, in many cases certified or licensed for early childhood.

All of the teachers at Child and Family Centers of Excellence, Inc., have bachelor's degrees and are certified in early childhood education with two years of additional training that we provide. Our teachers, who bear the title "Child and Family Specialists," receive training in "real world" child development, learning to apply their skills in real early childhood settings with children with relatively deep needs. Their training further includes achieving a family services credential (9 graduate credits) to prepare them to serve as the primary family service resource to parents, making referrals where the needs surpass their capabilities. They also receive training as supervisors since every lead person in a preschool classroom supervises other adults, both employees and volunteers. Few colleges prepare even degreed teachers for this work as a supervisor. Finally, woven into their child and family specialist training process is an ongoing series of personal growth experiences to ensure that they are prepared to handle the rigors of working in our complex, demanding environment. They are provided support from internal mental health service personnel to support their own mental health while working with demanding child and family needs. Other early childhood staff members working under the direction of our Child and Family Specialists are hired with as much background and formal training as possible. While they may even hold associate or bachelor's degrees when they join us, they are immediately placed into a developmental track to move their skills forward to meet current and future needs of this agency.

Family Service Personnel

While the Performance Standards are very light in specifying academic standards for family services staff, excellent Head Start agencies develop their own high standards. Excellent agencies seek degreed individuals and tend to seek a variety of backgrounds as they build a diverse interdependent family services team.

In our agency, this program is lead by an individual with a master's degree and years of experience in working with young children and their families. The Child and Family Specialists working here are all carefully selected for their mix of skills and training. 90% have college degrees. All are given family service credential training. Our senior staff are approved by our university partners to deliver this training for credit.

Administrators

Excellent agencies seek the most highly qualified individuals for management and place them into an ongoing professional developmental program.

Our agency management team has a high degree of stability, with 106 years of experience with this agency among the top four senior administrators. These four individuals hold a total of nine degrees—four bachelor's, four master's and a doctorate among them, all relevant to their work. In addition, we have four others currently working on master's degrees. Our administrators "lead from out front," doing whatever needs to be done, working at those things that will make the biggest difference for the children and families, reducing their pay first when dollars are tight.

Excellence is About Having Higher Expectations Throughout. . .Think About a Kaleidoscope

Excellence in Head Start is looking at how to improve—to do a better job—to better respond to the needs of the children and families we serve. One can best think of excellence using a kaleidoscope as a frame of reference. When one turns a kaleidoscope, the eye is treated to one beautiful picture followed by yet another beautiful picture. This is the case as you explore the top performing agencies in Head Start.

They do NOT fit a single mold, but express their excellence in a variety of ways. Their excellence is defined by their vision of what the ideal program must do to best serve the children—to get the best possible outcomes for their work.

Using our agency as a further example, here are a few of the dimensions that I would pull to express this:

Our child nutrition program was very good, certainly the best in our target area. Yet as childhood obesity and incredibly poor eating patterns in young children have become a more critical national problem, we were not satisfied that our food services program met and exceeded the Head Start Performance Standards or the USDA Child Nutrition Standards. We went out and recruited a chef. We hired a young chef with over a decade of experience in the top restaurants in Milwaukee to lead our food program, to develop the most healthy yet economical food program possible with low fat stocks made in our own world class kitchen and flavor that doesn't come only from fat and salt. As a center of excellence, what we learn will be shared with other Head Start and early childhood through providing training, training materials and a handbook for child nutrition. And we are doing this at the same dollar cost as any other agency.

Our health services program was very good, but we knew it could be better. We added a second part-time RN to our staff to ensure strong parent support on health issues and more horsepower to seeking health services for our enrolled children and their families. We deepened our partnership with the County Health Department by letting them offer a community health clinic at our site once per month. We deepened our already deep level of mental health services by developing a contract with the Children's Hospital of Wisconsin. Not only does this give us on-site support of a child psychologist on a regularly scheduled basis, a requirement for Head Start, but it provides ready access to the largest array of child mental and medical health services in Wisconsin. We've had a long term relationship with Lutheran Social Services, which is the largest human services private provider in our state, and is the birth through 3 provider in our county. Due to our prominence in the community, they purchased land next to our new world class facility in order to create a showcase intergenerational program in partnership with us. A fringe benefit to this deepened partnership is the fact that their full staff, including mental health professionals and a full array of child services specialists—dozens of skilled child specialists—will be housed on our expanding “campus,” a huge benefit to our staff and parents.

Our community partnerships have been very good and are deepening. Two of our staff over the years have been president of the Waukesha County Human Services Council. We have created a loosely organized group, Partners in Community Service, that arrays itself as the needs evolve in our community. Due to our outreach capabilities with low income families in our community, other early childhood family service organizations seek us out. We are a strong referral source to others seeking to meet the needs of low income families.

Since Wisconsin was the “national poster child” for rapid welfare reform nationally, we were forced to create new approaches to recruiting and enrolling the neediest young children in our county who suddenly were very difficult to find and identify—we went from 1,670 families on AFDC to 14 families on full public assistance in less than 24 months! Through our leadership into the wonderful world of marketing, we not only achieve full enrollment each year, but have a waiting list of nearly 100 children. Excellent programs adapt. Finding 350 eligible children in a sea of 350,000 relatively affluent citizens of our county is not easy, but excellent programs adapt and succeed tied to fulfilling their vision for themselves. We wrote a handbook on the topic and have trained hundreds in how marketing can assist the transformational change necessary in recruitment and retention of eligible children.

We've always served a somewhat diverse population of families even though our target area is low in full ethnic diversity. As the Hispanic population has grown, we have adapted. We've recruited top quality Spanish speaking staff. We also are committed to the notion that not only is language important, but so is culture. Our staff members who were recruited to serve our expanding Hispanic clientele are not only bilingual but bi-cultural. As we found these rare and talented staff members, including one individual who holds a master's degree in psychology, we've found that more families see us as a welcoming place for them to bring their precious and so needy young children. It is our county's experience with “hire them and they will come !

Financial controls are a hallmark of a truly excellent Head Start agency. When one is trying to do as much as possible with very limited financial resources, careful stewardship of dollars is absolutely critical. We have a proud track record of 38 years of absolutely clean audits. As age impacts us, one of our senior staff, our chief

financial officer, nears retirement, closing out her 35 years with this agency. We went out and recruited a new finance person with a bachelor's degree in business and an accounting major. The transition spanned nearly 18 months of orderly development. The discussion upon hiring this new finance person has been "will she pursue her CPA or her MBA first ? Assuming that she spends the next decade or two with us, a fair expectation given our track record, she will achieve both.

Curriculum, what it is that we do with young children and their families to achieve the targeted outcomes that identify success, is critical to excellence. There is no published curriculum that fully meets the shifting needs of those we serve, so, of course, we developed our own, formalizing it nearly 20 years ago. It is a curriculum based on achieving outcomes, which has been its hallmark since its inception, long before outcomes became the national discussion. Our Child Development Profile" has always been outcomes achievement based, and undergoes a periodic review by our highly trained and educated staff to determine what is working best in our efforts to prepare children for public school and life. We work hard to have a knowledge building organization, learning constantly from our practices, a form of action research which is most relevant to practitioners.

We are partners with each of the school districts from whose area we recruit Head Start children. The depth of partnership varies with both the number of children we feed into their district and the relationships that have been developed over time. The most potent partnerships function best at the levels closest to child service delivery. These relationships, formed on behalf of an individual child and family, are most effective and most removed from the politics of systems. We continue to explore common ground with one of our prime school districts which is exploring going into 4-year-old kindergarten "because it is profitable." Those closest to the children are clear that quality services that will really make a difference in the life of a young child at risk are major investments, and that the "profit" that a district might experience can come only at the cost of accepting mediocrity and shortfall.

Excellence is about people and about vision, but it is greatly enhanced by providing the stage for people to express their very best. Facilities are a key to creating this platform from which excellence can take flight. We have created the ideal early childhood facility. Child development spaces are designed to fully support the efforts of the incredibly talented corps of child and family specialists. Every classroom is seamlessly connected with an outdoor area since many of our young children have little access to play areas in their lives away from us. We have a world class kitchen so that the food services staff can create wonderful, nutritious meals. We have professional training space so that we might constantly develop our own staff and provide the training and professional development so needed by other child and family service people from our target area, our state and our region. Our facilities subtly serve four critically important goals:

- A. Recruitment and retention of the children and families that we seek to serve.
- B. Recruitment and retention of the staff that are the key to our success. Our staff members come to us and stay with us for much of their careers because we treat them with professionalism and respect. This starts with providing them with the tools for excellence. It involves creating a culture of excellence.
- C. Positioning us as a leader in the community. By creating a welcoming environment, we have community partners seeking us out. We transmit the professionalism that leads to being treated with respect. The payoff is increasingly impactful services for the children and families that we serve.
- D. Attracting families who are not low income or at high risk. By being able to achieve a full socioeconomic mix of families served, we achieve much more progress with children who are served by Head Start. We have offered full day services year around since we were created in 1966, not because regulations required it, but because our families needed it.

State Efforts. . .The Governor's Center for Early Childhood Excellence

Our state, under the administration of Gov. Tommy Thompson, decided to invest in excellence for our youngest children. The result was a program entitled The Governor's Centers for Early Childhood Excellence. An effort to explore how to achieve excellence in early childhood services, in a world of mediocrity in early childhood programs was about learning more about how to define excellence, to move good agencies toward excellence, to make investments and to research the results. As in any good investment, there was an immediate commitment to research, in this case by the University of Wisconsin. The findings? Deeper investments result in better quality programs and better qualified staff.

Child and Family Centers of Excellence competed for such a grant and were pleased to be selected. Given our high level of internal service delivery quality, where some Governor's Excellence Centers grantees directed most of their resources

to internal quality improvement (while meeting the requirement of investing 25% of the grant each year into training other early childhood program staff and parents), we directed over 65% to training others. We have leveraged this state investment into a number of highly creative, impactful professional development experiences and have helped others improve their quality of service to children and families.

Excellence is About Shaping the Future. . .One Child and One Family at a Time

Excellence is about making a difference in the lives of young children and their families. It is about removing barriers to success for the young child that is served directly. It is about helping parents learn how to support the learning of their child, even when their own school experiences may not have been wonderful. It is about capacity building in families so that they can succeed long after they leave their early childhood program.

Early Childhood Excellence CANNOT flourish without involving parents. We believe that the success of Head Start is about the creation of what we have labeled as "Compassionate Partnerships" between Head Start staff and the parents of enrolled children on behalf of the young child. When this partnership gets established, trust follows. With this trust, open honest communication occurs and the parents' ability to support learning at home goes up. Parents may choose to work on their own lives and thus improve the environment in which they are raising their child. When we partner with them, we help them identify resources which facilitate overcoming the barriers to success in their lives and the lives of their children.

One key belief that we have is that any program which seeks to make a difference in the lives of young children, especially those with high risk factors, MUST seek to involve the parent in meaningful ways. We are passionate advocates for this as schools seek to serve younger and younger children. Parent support is a key to success!

We would ask that Congress provide high expectations surrounding any program that you fund that the parent be an important part of the work with young children.

Excellence is About Shaping the Future. . .One Organization at a Time

Excellence is about shaping the environment as well as adapting to the changes in it. Excellent Head Start agencies provide leaders to other organizations and associations. They lead early childhood associations. They provide leadership in community efforts. They challenge others to be the best that they can be. They encourage excellence in others by their model, their voice and their sharing.

At Child and Family Centers of Excellence, Inc. a number of us have taken leadership roles in groups and associations. My own dual commitment not only to Head Start but to all early childhood programs in our state began nearly a third of a century ago, when I was elected the first president of the Wisconsin Early Childhood Association (WECA), which would become the state affiliate of the National Association for the Education of Young Children (NAEYC). We sit on the Boards of R&R's, Technical College early childhood programs and others.

We've provided ongoing strategic planning consultation services for WECA, the Wisconsin Head Start Association, The Registry, the Milwaukee R&R, and another 27 associations across the U.S. Over 450 Head Start programs nationwide have used our strategic planning materials and model. We help others develop their passionate vision of their ideal future and work to make that future a reality for children, parents and staff.

Unique But Not Alone

We are unique but we are not alone, across the United States there are agencies like ours and unlike ours. They are like us in that they are driven by the passion of a vision of excellence. They accept nothing as being "good enough" if a better solution might break through to a higher quality of service to children and families, achieving better outcomes. They are like us because they reach out to community partners, to child development professionals, to family service workers to help them improve. They are like us because their locus of control is on achieving their own super demanding standards, not on meeting someone else's minimums.

They are not like us in that their approach to the future is different. Their look through their kaleidoscope is shaped by the needs of the children and families they serve, and is shaped by the resources present, and the resources absent in their community. Their vision has power because it is their vision.

Excellence in all of Head Start Should Be Our Aspiration

One of the opportunities that Head Start Reauthorization offers is to focus not only on remediating or replacing poorly performing agencies, but on building on the strengths of our best agencies. We must recognize and reward those who excel. We

should develop a monitoring system that gives grades of “A” and “B” as well as C, D and F. We must require regional offices of ACF to ensure the improvement of all Head Start grantees with which they have been entrusted. As was done in last year’s Senate bill, we should make an investment in having the best among the Head Start grantees contribute to the improvement of other Head Start programs, early childhood programs and public schools serving young children. Excellence is a virus we want everyone to catch!

The opportunity for excellence is ours. We ask that Congress join with us to use our nation’s excellent Head Start programs as an asset to help all Head Start programs become the best that they can be.

Statement of Ann Pagliaro, Executive Director, Head Start of Eastern Orange County, Newburgh, NY, Submitted for the Record

On behalf of the children, families, and staff of Head Start of Eastern Orange County, I am extremely pleased to be able to submit this testimony about our efforts at becoming a model Head Start program. We are a relatively new grantee, now in our third year of providing high quality services to children and families here in Newburgh, NY. Currently we serve 227 children and families, in a range of different program options, including some full-day, full-year services. We have a wonderful school building and office space, purchased in part with federal funds, well-qualified teachers (all of our lead teachers have at least a bachelor’s degree), and caring staff. Our program is fully enrolled, with a long waitlist, and our child outcome and family outcome data shows children and families make incredible progress through their participation in Head Start. We have an active and engaged board of directors and policy council, both of whom help ensure we provide high quality services to children and families.

Our path to this point has been a long and winding one. Just five years ago, most of our current staff was part of a larger agency that had not filed an audit in several years, and where the executive leadership was unable to clearly account for all Head Start funds. At the program level, our staff did the best possible job they could considering the circumstances, but we labored in poor facilities, often without the funds we needed to fully equip and outfit the classrooms. Through the federal review process, the previous agency was identified as deficient, and, under extreme pressure, voted to relinquish the Head Start grant for Newburgh.

In that dark moment our new agency was born. The programmatic leadership staff, parents, and community leaders created Head Start of Eastern Orange County to submit the required Head Start RFP to become the replacement grantee. We formed new partnerships, worked closely with the community, recruited a diversely talented board and were eventually awarded the grant. In short order, we were able negotiate a lease for a beautiful new facility that actually provided much better classrooms for less cost than we were previously paying. We brought in certified trainers to help us implement our research-based curriculum, and we went about installing and using a child information system and on-line child outcome tracking system so we could electronically manage all aspects of our program. We were able to expand our programming to offer summer and after-school services for eligible families for the first time.

As important as these programming changes have been, we are most proud of the cultural change we have created throughout our new agency. We have succeeded in building a culture focused on performance, feedback, and continuous improvement. All staff has clear performance indicators in their job descriptions, are regularly evaluated, and are compensated based on their success. Staff also has many opportunities to give management feedback, in terms of upward evaluations of their supervisor, and ideas for how we can improve every aspect of our program. Each year, we develop a Balanced Score Card for our program identifying clear targets for improving the quality of services delivered. We work incredibly hard to track all information in our child and family database, and then use this data, in the classroom, with family advocates, and with staff, to help us make important and informed program decisions.

One example of our use of data and focus on management has been home reading by parents. This past year, based on our Head Start self-assessment and child outcomes data, we identified increasing reading at home as a key goal for the year. We set the goal of working with families to ensure at least 50% read nightly with their children and another 30% read at least weekly. We then devised a system to monitor this information on our family information database. Our monthly “Manage By Information” report shows that we have now met our goal for night and weekly reading. Best of all, our Spring child outcome data shows the results of our work:

reading was the item that showed one of the largest gains from the Fall, with more than a 20% increase. In short, our focus on management, patterning with parents, and using data to make decisions, has led to higher quality services, and, ultimately, changed lives.

One key way we have been able to reach our goals is through a partnership we formed from the first days of our new agency with Acelero Learning. Acelero provides on-site coaching and feedback, technology and tools, and network support for all our managers and leaders. Our Acelero partner is an experienced manager and has led our efforts at implementing a child information and child outcome system, helped devise our performance evaluation system, and helps all our managers develop as effective leaders. Each of our coordinators knows their individual content area, where they have worked for years. Acelero has built on that capacity by helping us all develop our skills as effective manager's that use data to make decisions and work to build a culture of feedback and performance improvement. Our partnership works because it is intensive, focused and on going. The work of managing a Head Start program never takes a break, and neither does our partnership with Acelero. As partners, we have worked through all of the challenges that we have faced on a daily and weekly basis. I know we would not be where we are today without them.

Our entire program believes deeply in the comprehensive nature of the Head Start program and its power to change lives. We have seen the power of the Head Start performance standards as a guide and beacon for providing high quality services. We have seen them work in practice, every day, in Newburgh. That is why it is so difficult for us to have 100 children and families on a waitlist, and more who are interested, who we cannot serve. To that end, any effort to make more funds available to programs that have a waitlist, and are providing high quality services, would be appreciated. I assure you, these funds would be used, immediately, to help more children and families get a Head Start on school, and in life. Thank you.

